| Case 16-03571 Doc 1 Fill in this information to identify your case: |                                                                           | Entered 02/05/16 16:07:38<br>age 1 of 66 | Desc Main                          |
|---------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------|------------------------------------|
| United States Bankruptcy Court for the:                             |                                                                           |                                          |                                    |
| Northern District of: Illinois (State)                              |                                                                           |                                          |                                    |
| Case number (if known)                                              | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 |                                          | Check if this is an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | art 1: Identify Yourself                                            |                            |                                               |
|----|---------------------------------------------------------------------|----------------------------|-----------------------------------------------|
|    |                                                                     | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name                                                      | Tilmeka                    |                                               |
|    | Write the name that is on                                           | First name                 | First name                                    |
|    | your government-issued picture identification (for                  | Middle name                | Middle name                                   |
|    | example, your driver's                                              | Robbins                    |                                               |
|    | license or passport                                                 | Last name                  | Last name                                     |
|    | Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you                                                 |                            |                                               |
|    | have used in the last                                               | First name                 | First name                                    |
|    | 8 years                                                             | Middle name                | Middle name                                   |
|    | Include your married or maiden names.                               |                            |                                               |
|    | mader names.                                                        | Last name                  | Last name                                     |
|    |                                                                     | First name                 | First name                                    |
|    |                                                                     | Middle name                | Middle name                                   |
|    |                                                                     | Last name                  | Last name                                     |
| 3. | Only the last 4 digits of your Social                               | XXX - XX- <u>3243</u>      | xxx - xx-                                     |
|    | Security number or                                                  | OR                         | OR                                            |
|    | federal Individual<br>Taxpayer                                      | 9 xx - xx-                 | 9 xx - xx-                                    |
|    | Identification<br>number (ITIN)                                     |                            |                                               |

TilmekaCase 16-03571 Doc 1 Filed 02k05k16 Entered 02/05/16/16/07:38 Desc Main Debtor 1 Page 2 of 66 Document Document **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names ✓ I have not used any business names or EINs. I have not used any business names or EINs. and Employer Identification Business name Business name Numbers (EIN) you have used in the last 8 years Business name Business name Include trade names and doing business as names 5. Where you live If Debtor 2 lives at a different address: 10651 S Hale Ave Number Street Number Street Chicago Illinois 60643 State City Zip Code City State Zip Code Cook County County If your mailing address is different from the one above, fill If Debtor 2's mailing address is different from yours, fill it in it in here. Note that the court will send any notices to you at this here. Note that the court will send any notices to this mailing mailing address. address. Number Street Number Street City State Zip Code City State Zip Code 6. Why you are Check one: Check one: choosing this Over the last 180 days before filing this petition, I have lived Over the last 180 days before filing this petition, I have lived district to file for in this district longer than in any other district. in this district longer than in any other district. bankruptcy I have another reason. Explain. (See 28 U.S.C. §§ 1408.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

Tell the Court About Your Bankruptcy Case Part 2: 7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form **Bankruptcy Code** B2010)). Also, go to the top of page 1 and check the appropriate box. you are choosing to Chapter 7 file under Chapter 11 Chapter 12 Chapter 13 8. How you will pay the ☑ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local fee court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order... If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for □ No. bankruptcy within the last 8 years? Yes. District Northern District of Illinois When 1/31/2008 08-bk-02179 Case number MM / DD / YYYY District When Case number District \_\_\_\_\_ When Case number MM / DD / YYYY 10. Are any bankruptcy ✓ No. cases pending or being filed by a Yes, Debtor Relationship to you spouse who is not When District Case number, if known filing this case with MM / DD / YYYY you, or by a Debtor Relationship to you business partner, or District When Case number, if known by an affiliate? 11. Do you rent your ✓ No. Go to line 12. residence? Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with

this bankruptcy petition.

Tilmeka Case 16-03571 Doc 1 Filed 02x05/116 Entered 02/05/16/16/07:38 Desc Main Debtor 1 Page 4 of 66 Document of the Document of th Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole ◪ No. Go to Part 4. proprietor of any full- or part-time Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. Chapter 11 of the If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow **Bankruptcy Code** statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). and are you a small business debtor? No. I am not filing under Chapter 11. For a definition of No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the small business debtor, Bankruptcy Code. see 11 U.S.C. § Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. 101(51D). Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have ◪ No. any property that poses or is alleged Yes. What is the hazard? to pose a threat of imminent and identifiable hazard to public health or If immediate attention is needed, why is it needed? safety? Or do you own any property that needs immediate attention? Where is the property? For example, do you Number Street own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? City State Zip Code

Debtor 1 Tilmek Case 16-03571 Doc 1 Filed 02/05/16 Entered 02/05/16 (16/07:38 Desc Main

t Name Middle Name

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Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

You must check one:

## 15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

## About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case):

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credi |
|-----------------------------------------------------|
| counseling because of:                              |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions

about finances.

Disability. My physical disability causes me to be

unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to

do so.

Active duty. I am currently on active military duty in a

military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this

bankruptcy petition, and I received a certificate of completion.

You must check one:

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions

about finances.

Disability. My physical disability causes me to be

unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to

do so.

Active duty. I am currently on active military duty in a

military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Page 6 of 66 Document Document **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts as "incurred by an individual primarily for a personal, family, or household purpose." do you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded ✓ No. and administrative ר Yes. expenses are paid that funds will be available for distribution to unsecured creditors? **√** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 5,001-10,000 50,001-100,000 50-99 do you estimate that 10,001-25,000 More than 100,000 you owe? 100-199 200-999 **✓** \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true For you and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. x /s/ Tilmeka Robbins Signature of Debtor 2 Signature of Debtor 1 Executed on 2/5/2016 Executed on MM / DD / YYYY MM / DD / YYYY

TilmekaCase 16-03571

Debtor 1

Doc 1

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Debtor 1 Tilmek Case 16-03571 Doc 1 Filed 02/05/166 Entered 02/05/166 (166) 07:38 Desc Main

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| rect.                            |        |       |      |                |
|----------------------------------|--------|-------|------|----------------|
| /s/ Daniel Giannola              |        |       | Date | 2/5/2016       |
| Signature of Attorney for Debtor |        |       |      | MM / DD / YYYY |
| Daniel Giannola                  |        |       |      |                |
| Printed name                     |        |       |      |                |
| Semrad Law Firm                  |        |       |      |                |
| Firm name                        |        |       |      |                |
| Number                           | Street |       |      |                |
| City                             |        | State |      | Zip Code       |
| Contact phone                    |        |       | E    | mail address   |
| Bar number                       |        |       |      | state          |

<u>Doc 1 Filed 02/05/16 Fntered 02/0</u>5/16 16:07:38 Desc Main Fill in this information to identify your case: Debtor 1 Robbins Tilmeka First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (If known) Check if this is an amended filing Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. **Summarize Your Assets** Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) \$0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... \$14,244.00 1b. Copy line 62, Total personal property, from Schedule A/B ...... \$14,244.00 1c. Copy line 63, Total of all property on Schedule A/B..... Summarize Your Liabilities Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) \$12,146.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F...... \$20.305.00 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... \$32,451.00 Your total liabilities Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)

5. Schedule J: Your Expenses (Official Form 106J)

Copy your combined monthly income from line 12 of Schedule I.....

Copy your monthly expenses from line 22, Column A, of Schedule J.....

\$1,960.77

\$1,950.00

Debtor 1

Tilmek Case 16-03571

Doc 1

First Name

Document Document Page 9 of 66

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes.

7. What kind of debt do you have?

|             | No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.                                                                                                   |                          |        |  |  |  |  |  |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------|--|--|--|--|--|
|             | ✓ Yes.                                                                                                                                                                                                                                 |                          |        |  |  |  |  |  |
| 7. <b>\</b> | What kind of debt do you have?                                                                                                                                                                                                         |                          |        |  |  |  |  |  |
|             | Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. |                          |        |  |  |  |  |  |
|             | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Cluthis form to the court with your other schedules.                                                                                 | heck this box and submit |        |  |  |  |  |  |
| 8.          | From the Statement of Your Current Monthly Income: Copy your total current monthly income from C Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.                                                                  | Official                 | \$0.00 |  |  |  |  |  |
| 9.          | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:                                                                                                                                                   |                          |        |  |  |  |  |  |
|             | From Part 4 on Schedule E/F, copy the following:                                                                                                                                                                                       | Total claim              |        |  |  |  |  |  |
|             | 9a. Domestic support obligations (Copy line 6a.)                                                                                                                                                                                       | \$0.00                   |        |  |  |  |  |  |
|             | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                                                                                                                              | \$0.00                   |        |  |  |  |  |  |
|             | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                                                                                                                                    | \$0.00                   |        |  |  |  |  |  |
|             | 9d. Student loans. (Copy line 6f.)                                                                                                                                                                                                     | \$0.00                   |        |  |  |  |  |  |
|             | 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)                                                                                                           | \$0.00                   |        |  |  |  |  |  |
|             | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                                                                                                                                 | \$0.00                   |        |  |  |  |  |  |
|             | 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                                                                                                                             | \$0.00                   |        |  |  |  |  |  |

| Fill in this                                      | information to identify your case                                                                                                                                  |                                                                            | Filed (12/C                                                                                                                                           | 5/16 Entered                                          | 02/05/16                         | 16:07:38 Des                                                                                     | c Main                                |  |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------|--|
| Debtor 1                                          | Tilmeka                                                                                                                                                            |                                                                            |                                                                                                                                                       | Robbins                                               |                                  |                                                                                                  |                                       |  |
|                                                   | First Name                                                                                                                                                         | Middle                                                                     | Name                                                                                                                                                  | Last Name                                             |                                  |                                                                                                  |                                       |  |
| Debtor 2<br>(Spouse,                              | if filing) First Name                                                                                                                                              | Middle                                                                     | Name                                                                                                                                                  | Last Name                                             |                                  |                                                                                                  |                                       |  |
| United St                                         | ates Bankruptcy Court for the:                                                                                                                                     | Northern                                                                   | Di:                                                                                                                                                   | strict of Illinois (State)                            |                                  |                                                                                                  |                                       |  |
| Case nun                                          |                                                                                                                                                                    |                                                                            |                                                                                                                                                       | (State)                                               | _                                |                                                                                                  |                                       |  |
|                                                   | al Form 106A/B                                                                                                                                                     |                                                                            |                                                                                                                                                       |                                                       |                                  |                                                                                                  | Check if this is an                   |  |
|                                                   | dule A/B: Prope                                                                                                                                                    | rtv                                                                        |                                                                                                                                                       |                                                       |                                  |                                                                                                  | amended filing                        |  |
| n each ca<br>category v<br>esponsib<br>write your | ategory, separately list and de-<br>where you think it fits best. Be-<br>ble for supplying correct infor<br>r name and case number (if kn<br>Describe Each Residen | scribe items. List are as complete and mation. If more shown). Answer ever | d accurate as p<br>pace is needed<br>ery question.                                                                                                    | ossible. If two married p<br>I, attach a separate she | people are fil<br>et to this for | ing together, both are eq<br>m. On the top of any add                                            | n the<br>ually                        |  |
| 1. Do you                                         | u own or have any legal or eq                                                                                                                                      | uitable interest in                                                        | any residence                                                                                                                                         | , building, land, or simil                            | ar property?                     |                                                                                                  |                                       |  |
| <ul><li>✓</li></ul>                               | No. Go to Part 2 Yes. Where is the property?                                                                                                                       |                                                                            | What is the                                                                                                                                           | property? Check all that                              | apply.                           | Do not deduct secured c                                                                          | laims or exemptions. Put              |  |
| 1.1                                               | Street address, if available, or                                                                                                                                   | other description                                                          | Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land Investment property  Timeshare Other |                                                       |                                  | the amount of any secured claims on Schedule D:<br>Creditors Who Have Claims Secured by Property |                                       |  |
|                                                   |                                                                                                                                                                    |                                                                            |                                                                                                                                                       |                                                       |                                  | Current value of the entire property?                                                            | Current value of the portion you own? |  |
|                                                   | N. mah an Otmont                                                                                                                                                   |                                                                            |                                                                                                                                                       |                                                       |                                  |                                                                                                  |                                       |  |
|                                                   | Number Street                                                                                                                                                      |                                                                            |                                                                                                                                                       |                                                       |                                  | Describe the nature of<br>interest (such as fee si                                               |                                       |  |
|                                                   | City State                                                                                                                                                         | Zip Code                                                                   |                                                                                                                                                       |                                                       |                                  | the entireties, or a life estate), if known.                                                     |                                       |  |
|                                                   |                                                                                                                                                                    |                                                                            | Debtor 1 Debtor 2 Debtor 1                                                                                                                            | •                                                     |                                  | Check if this is co                                                                              | mmunity property                      |  |
|                                                   |                                                                                                                                                                    |                                                                            |                                                                                                                                                       | nation you wish to add a ntification number:          | about this ite                   | em, such as local                                                                                |                                       |  |
| If you                                            | own or have more than one, list h                                                                                                                                  | nere:                                                                      | What is the                                                                                                                                           | property? Check all that mily home                    | apply.                           |                                                                                                  | laims or exemptions. Put              |  |
|                                                   | Street address, if available, or                                                                                                                                   | other description                                                          |                                                                                                                                                       | multi-unit building                                   |                                  | Creditors Who Have Cla                                                                           | nims Secured by Property.             |  |
|                                                   |                                                                                                                                                                    |                                                                            |                                                                                                                                                       | nium or cooperative<br>ured or mobile home            |                                  | Current value of the entire property?                                                            | Current value of the portion you own? |  |
|                                                   | N. orland                                                                                                                                                          |                                                                            | Land                                                                                                                                                  | ured of mobile nome                                   |                                  |                                                                                                  |                                       |  |
|                                                   | Number Street                                                                                                                                                      |                                                                            |                                                                                                                                                       | nt property                                           |                                  | Describe the nature of<br>interest (such as fee si                                               |                                       |  |
|                                                   | City State                                                                                                                                                         | Zip Code                                                                   | Timeshar Other                                                                                                                                        | e                                                     | _                                | the entireties, or a life                                                                        |                                       |  |
|                                                   |                                                                                                                                                                    |                                                                            | Debtor 1                                                                                                                                              | •                                                     | ? Check one.                     | Check if this is co                                                                              | mmunity property                      |  |
|                                                   |                                                                                                                                                                    |                                                                            | Debtor 2  Debtor 1                                                                                                                                    | only<br>and Debtor 2 only                             |                                  |                                                                                                  |                                       |  |
|                                                   |                                                                                                                                                                    |                                                                            |                                                                                                                                                       | ne of the debtors and anot                            | her                              |                                                                                                  |                                       |  |
|                                                   |                                                                                                                                                                    |                                                                            |                                                                                                                                                       | nation you wish to add a                              | about this ite                   | em, such as local                                                                                |                                       |  |

| Debtor 1               | TilmekaCase 16-035 First Name                                                | 71 Doc 1                                          | Filed 02/05/116 Entered 02/05/116                                                                                                                                                                                                   | #16:07: <u>38 De</u>                                              | esc Main                                                                                                                               |
|------------------------|------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| 1.3<br>Stre            | et address, if available, or oth                                             | w                                                 | Documetination Page 11 of 66  That is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home                                               | the amount of any sec                                             | d claims or exemptions. Put ured claims on Schedule D: Claims Secured by Property.  e Current value of the portion you own?            |
| Nun                    |                                                                              | Zip Code                                          | Land Investment property Timeshare Other                                                                                                                                                                                            | Describe the nature interest (such as fee the entireties, or a li | simple, tenancy by                                                                                                                     |
|                        |                                                                              | Cot                                               | ho has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  ther information you wish to add about this item, soperty identification number: | (see instruction                                                  | community property<br>s)                                                                                                               |
| you ha                 | ve attached for Part 1. Writ                                                 | e that number here                                | of your entries from Part 1, including any entries fo                                                                                                                                                                               |                                                                   | _                                                                                                                                      |
| Oo you ov<br>ou own th | at someone else drives. If youns, trucks, tractors, sport utili              | quitable interest in a<br>lease a vehicle, also r | any vehicles, whether they are registered or not? Inceport it on Schedule G: Executory Contracts and Unexpes                                                                                                                        |                                                                   |                                                                                                                                        |
|                        | Make Model: Year: Approximate mileage: Other information: 2010 Dodge Charger | Dodge<br>Charger<br>2010<br>105000                | Who has an interest in the property? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another                                                                                | the amount of any sec                                             | d claims or exemptions. Put sured claims on Schedule D: Claims Secured by Property.  e Current value of the portion you own? \$6190.00 |
| 3.2                    | Make Model: Year: Approximate mileage: Other information:                    |                                                   | Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another                             | the amount of any sec                                             | d claims or exemptions. Put cured claims on Schedule D: Claims Secured by Property.  e Current value of the portion you own?           |
|                        |                                                                              |                                                   | Check if this is community property (see instructions)                                                                                                                                                                              |                                                                   |                                                                                                                                        |

| Debtor 1 | TilmekaCase 16-03571 Doc 1 |                                                        | <i>രി</i> ൾ6ം07: <u>38 Desc Main</u>                                                              |  |  |
|----------|----------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------|--|--|
|          | First Name Middle Name     | Document Page 12 of 66                                 |                                                                                                   |  |  |
| 3.3      | Make                       | Who has an interest in the property? Check one.        | Do not deduct secured claims or exemptions. Put                                                   |  |  |
|          | Model:<br>Year:            | Debtor 1 only                                          | the amount of any secured claims on Schedule D:<br>Creditors Who Have Claims Secured by Property. |  |  |
|          | Approximate mileage:       |                                                        | Creditors with thave claims decared by the perty.                                                 |  |  |
|          |                            | Debtor 2 only                                          | Current value of the   Current value of the                                                       |  |  |
|          | Other information:         | Debtor 1 and Debtor 2 only                             | entire property? portion you own?                                                                 |  |  |
|          |                            | At least one of the debtors and another                | <del></del>                                                                                       |  |  |
|          |                            | Check if this is community property (see instructions) |                                                                                                   |  |  |
| 3.4      | Make                       | Who has an interest in the property? Check             | Do not deduct secured claims or exemptions. Put                                                   |  |  |
|          | Model:<br>Year:            | one.                                                   | the amount of any secured claims on Schedule D:<br>Creditors Who Have Claims Secured by Property. |  |  |
|          | Approximate mileage:       | Debtor 1 only                                          | Creditors who have claims Secured by Property.                                                    |  |  |
|          |                            | Debtor 2 only                                          | Current value of the   Current value of the                                                       |  |  |
|          | Other information:         | Debtor 1 and Debtor 2 only                             | entire property? portion you own?                                                                 |  |  |
|          |                            | At least one of the debtors and another                | <del></del>                                                                                       |  |  |
|          |                            | Check if this is community property (see instructions) |                                                                                                   |  |  |
| 4.1      | Yes<br>Make                | Who has an interest in the property? Check             | Do not deduct secured claims or exemptions. Put                                                   |  |  |
| 4.1      |                            | Who has an interest in the property? Check one.        | •                                                                                                 |  |  |
|          | Model:<br>Year:            | Debtor 1 only                                          | the amount of any secured claims on Schedule D:<br>Creditors Who Have Claims Secured by Property. |  |  |
|          | Approximate mileage:       | Debtor 2 only                                          | , ,                                                                                               |  |  |
|          | Others information         |                                                        | Current value of the entire property? Current value of the portion you own?                       |  |  |
|          | Other information:         | Debtor 1 and Debtor 2 only                             | portion you own:                                                                                  |  |  |
|          |                            | At least one of the debtors and another                |                                                                                                   |  |  |
|          |                            | Check if this is community property (see instructions) |                                                                                                   |  |  |
| 4.2      | Make                       | Who has an interest in the property? Check             | Do not deduct secured claims or exemptions. Put                                                   |  |  |
|          | Model:                     | one.                                                   | the amount of any secured claims on <i>Schedule D:</i>                                            |  |  |
|          | Year:                      | Debtor 1 only                                          | Creditors Who Have Claims Secured by Property.                                                    |  |  |
|          | Approximate mileage:       | Debtor 2 only                                          | Current value of the  Current value of the                                                        |  |  |
|          | Other information:         | Debtor 1 and Debtor 2 only                             | entire property? portion you own?                                                                 |  |  |
|          |                            | At least one of the debtors and another                |                                                                                                   |  |  |
|          |                            |                                                        |                                                                                                   |  |  |
|          |                            | Check if this is community property (see instructions) |                                                                                                   |  |  |
|          | • •                        |                                                        | . 9 1 3619010                                                                                     |  |  |

Debtor 1 TilmekaCase 16-03571 First Name Doc 1 
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 Desc Main

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Describe Your Personal and Household Items

| D        | o you own or ha                              | ve any legal or equitable interest in any of the following items?                                                                                                       | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|----------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 6        | . Household goods                            | and furnishings                                                                                                                                                         |                                                                                    |
|          | _                                            | iances, furniture, linens, china, kitchenware                                                                                                                           |                                                                                    |
|          | No                                           |                                                                                                                                                                         |                                                                                    |
| ✓        | Yes. Describe                                | Used Furniture                                                                                                                                                          | \$400.00                                                                           |
|          |                                              |                                                                                                                                                                         | <u> </u>                                                                           |
|          | •                                            | and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music ; electronic devices including cell phones, cameras, media players, games |                                                                                    |
| ⊻        | No                                           |                                                                                                                                                                         |                                                                                    |
|          | Yes. Describe                                |                                                                                                                                                                         |                                                                                    |
|          |                                              |                                                                                                                                                                         |                                                                                    |
|          | stamp, coi                                   | nd figurines; paintings, prints, or other artwork; books, pictures, or other art objects; n, or baseball card collections; other collections, memorabilia, collectibles |                                                                                    |
| 烂        |                                              |                                                                                                                                                                         |                                                                                    |
| Ш        | Yes. Describe                                |                                                                                                                                                                         |                                                                                    |
|          |                                              | orts and hobbies otographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes s; carpentry tools; musical instruments               |                                                                                    |
| ✓        | No                                           |                                                                                                                                                                         |                                                                                    |
|          | Yes. Describe                                |                                                                                                                                                                         |                                                                                    |
|          | Firearms     Examples: Pistols, rifle     No | es, shotguns, ammunition, and related equipment                                                                                                                         |                                                                                    |
| L        | Yes. Describe                                |                                                                                                                                                                         |                                                                                    |
|          | Clothes     Examples: Everyday o             | clothes, furs, leather coats, designer wear, shoes, accessories                                                                                                         |                                                                                    |
| ✓        | Yes. Describe                                | Used Clothing                                                                                                                                                           | \$350.00                                                                           |
|          |                                              |                                                                                                                                                                         |                                                                                    |
|          | 2. Jewelry Examples: Everyday je gold, silve | welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,                                                                               |                                                                                    |
|          | No                                           |                                                                                                                                                                         |                                                                                    |
| <b>✓</b> | Yes. Describe                                | Misc Costume Jewelry                                                                                                                                                    | \$75.00                                                                            |
|          | 3. Non-farm animals Examples: Dogs, cats     |                                                                                                                                                                         | ·                                                                                  |
|          | No S                                         |                                                                                                                                                                         |                                                                                    |
| È        | Yes. Describe                                |                                                                                                                                                                         |                                                                                    |
| 1        | •                                            | al and household items you did not already list, including any health aids you did not list                                                                             |                                                                                    |
|          | l Na                                         |                                                                                                                                                                         |                                                                                    |
| 쓷        | No                                           |                                                                                                                                                                         |                                                                                    |
| L        | Yes. Describe                                |                                                                                                                                                                         |                                                                                    |
|          |                                              | ue of all of your entries from Part 3, including any entries for pages you have attached number here                                                                    | \$825.00                                                                           |

Debtor 1 Tilmek Case 16-03571 Doc 1 Filed 02/05/16 Entered 02/05/16 (1/6:07:38 Desc Main

Document Militage Page 14 of 66 **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. **✓** No Institution name: Yes 17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ✓ No Institution or issuer name: Yes

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No
Yes. Give specific information about them

Name of entity

% of ownership:

| Deb | tor 1 TilmekaCase 16                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -IIea Uzrobbinsb             |                                         | W7: <u>38 Desc Main</u> |
|-----|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------|-------------------------|
|     | First Name                           | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              | Page 15 of 66                           |                         |
| 20. |                                      | orate bonds and other negonal checks, cashier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                         |                         |
|     | Non-negotiable instrume              | nts are those you cannot transfe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                         |                         |
|     | <b>✓</b> No                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                         |                         |
|     | Yes. Give specific information about | leguer name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                         |                         |
|     | them                                 | Issuer name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                         |                         |
|     |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                         |                         |
|     |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                         |                         |
| 21. |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (1) (1) (1)                  |                                         |                         |
|     | No No                                | .A, ERISA, Keogh, 401(k), 403(                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (b), thrift savings accour   | nts, or other pension or profit-sharing | y plans                 |
|     | Yes. List each                       | Type of account:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Institution name:            |                                         |                         |
|     | account separately.                  | 401(k) or similar plan:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                                         |                         |
|     |                                      | Pension plan:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                         |                         |
|     |                                      | IRA:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                         |                         |
|     |                                      | Retirement account:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                         |                         |
|     |                                      | Keogh:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                         |                         |
|     |                                      | Additional account:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                         |                         |
|     |                                      | Additional account:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                         |                         |
| 22. |                                      | orepayments leposits you have made so that with landlords, prepaid rent, public that it is not provided that the provided rent is not provided rent in the provided rent in the provided rent is not provided rent in the provided rent in the provided rent is not provided rent in the provided rent in the provided rent is not provided rent in the provided rent |                              |                                         |                         |
|     | <b>✓</b> No                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | La adda d'a conserva         |                                         |                         |
|     | Yes                                  | Electric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Institution name:            |                                         |                         |
|     |                                      | Electric:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                         |                         |
|     |                                      | Gas:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                         |                         |
|     |                                      | Heating oil:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                         |                         |
|     |                                      | Security deposit on rental unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                         |                         |
|     |                                      | Prepaid rent:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                         |                         |
|     |                                      | Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                                         |                         |
|     |                                      | Water:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                         |                         |
|     |                                      | Rented furniture:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                         |                         |
|     |                                      | Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                         |                         |
| 23. | Annuities (A contract for No         | a periodic payment of money to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | o you, either for life or fo | a number of years)                      |                         |
|     | Yes                                  | Issuer name and description:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                         |                         |
|     | _                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                         |                         |
|     |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                         |                         |
|     |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                         |                         |

| Debt | or 1  | Tilmeka First Name          | ase 1       | 6-03571                                                 | Doc 1          |                 | 02¢05/16                                 | Entered (<br>Page 16 o |                | 6 (146;407: <u>38</u> | Desc Main                                                    |
|------|-------|-----------------------------|-------------|---------------------------------------------------------|----------------|-----------------|------------------------------------------|------------------------|----------------|-----------------------|--------------------------------------------------------------|
| 24.  |       |                             |             | <b>ition IRA, in a</b><br>, 529A(b), and                |                | in a qualifie   | d ABLE progra                            | m, or under a qu       | ualified stat  | e tuition program.    |                                                              |
|      |       | No<br>Yes                   | Institutio  | on name and d                                           | lescription. S | Separately file | e the records of a                       | ny interests.11 U.     | .S.C. § 521(a  | p):                   |                                                              |
|      |       |                             |             |                                                         |                |                 |                                          |                        |                |                       | <u> </u>                                                     |
| 25.  |       | sts, equita<br>ercisable fo |             |                                                         | ts in prope    | rty (other th   | an anything lis                          | ted in line 1), an     | d rights or    | powers                |                                                              |
|      |       | No<br>Yes. Desc             | cribe       |                                                         |                |                 |                                          |                        |                |                       |                                                              |
| 26.  |       |                             |             |                                                         |                |                 | r intellectual pro<br>yalties and licens |                        |                |                       |                                                              |
|      |       | No<br>Yes. Desc             | cribe       |                                                         |                |                 |                                          |                        |                |                       |                                                              |
| 27.  |       |                             |             | , and other ge                                          |                |                 | ssociation holdir                        | gs, liquor license     | es, profession | nal licenses          |                                                              |
|      |       | No<br>Yes. Desc             |             |                                                         |                | ·               |                                          |                        | •              |                       |                                                              |
| Mor  | nev : |                             |             | ved to you?                                             | ?              |                 |                                          |                        |                |                       | Current value of the                                         |
|      | .cy   | or prop                     | only or     | iou to you                                              | •              |                 |                                          |                        |                |                       | portion you own? Do not deduct secured claims or exemptions. |
| 28.  | Тах   | refunds o                   | wed to y    | ou                                                      |                |                 |                                          |                        |                |                       |                                                              |
|      | =     | No<br>Yes. Give s           | specific i  | nformation                                              | Ant            | icipated 2015   | Earned Income                            | Credit                 |                | Federal:              | \$5229.00                                                    |
|      |       |                             |             | ncluding whethe<br>ed the returns                       | er             |                 |                                          |                        |                | State:                | ·                                                            |
| 20   | Fa    |                             | •           | ars                                                     |                |                 |                                          |                        |                | Local:                |                                                              |
| 29.  |       | nily suppo<br>mples: Past   |             | ump sum alimo                                           | ny, spousal    | support, child  | I support, mainte                        | nance, divorce se      | ettlement, pro | perty settlement      |                                                              |
|      |       |                             |             |                                                         |                |                 |                                          |                        |                | Alimony:              |                                                              |
|      | ш     | Yes. Give s                 | specific ii | nformation                                              |                |                 |                                          |                        |                | Maintenance:          |                                                              |
|      |       |                             |             |                                                         |                |                 |                                          |                        |                | Support:              |                                                              |
|      |       |                             |             |                                                         |                |                 |                                          |                        |                | Divorce settlement    | :                                                            |
| 00   | 04    |                             |             |                                                         |                |                 |                                          |                        |                | Property settlemen    | t:                                                           |
|      |       | <i>mples:</i> Unp           | aid wage    | one owes you<br>es, disability ins<br>ity benefits; unp | surance payı   |                 |                                          | pay, vacation pay,     | , workers' cor | mpensation,           |                                                              |
|      |       | No                          |             |                                                         |                |                 |                                          |                        |                |                       |                                                              |
|      |       | Yes. Desci                  | ribe        |                                                         |                |                 |                                          |                        |                |                       |                                                              |

| Deb  | tor 1    | TilmekaCase 16 First Name                           | 6-03571           | Doc 1<br>Middle Name | Filed 02/05/116 Document                                | <u>Entered</u> <b>02/05</b> /0<br>Page 17 of 66 | <b>L6</b> ∂L6ù07: <u>38</u> D | esc Main                                                                         |
|------|----------|-----------------------------------------------------|-------------------|----------------------|---------------------------------------------------------|-------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------|
| 31.  |          | rests in insurance mples: Health, disabi            |                   | rance; health        |                                                         | redit, homeowner's, or rente                    | r's insurance                 |                                                                                  |
|      |          | No<br>Yes. Name the insur<br>of each policy and lis | . ,               |                      | Company name:                                           |                                                 | Beneficiary:                  | Surrender or refund value:                                                       |
| 32.  | If you   |                                                     | of a living trust |                      | meone who has died<br>ceeds from a life insurance       | policy, or are currently entitle                | d to receive                  |                                                                                  |
| 33.  |          |                                                     |                   |                      | n have filed a lawsuit or nace claims, or rights to sue | nade a demand for payme                         | nt                            |                                                                                  |
|      | <b>✓</b> | No<br>Yes. Describe                                 |                   |                      |                                                         |                                                 |                               |                                                                                  |
| 34.  |          | er contingent and et off claims                     | unliquidated      | claims of ev         | ery nature, including co                                | unterclaims of the debtor                       | and rights                    | '                                                                                |
|      |          | No<br>Yes. Describe                                 |                   |                      |                                                         |                                                 |                               |                                                                                  |
| 35.  | _        | financial assets yo                                 | u did not alre    | ady list             |                                                         |                                                 |                               | '                                                                                |
|      | =        | Yes. Describe                                       |                   |                      |                                                         |                                                 |                               |                                                                                  |
| 36.  |          |                                                     | -                 |                      |                                                         | ies for pages you have att                      |                               | \$5229.00                                                                        |
| Part | 5:       | Describe Any B                                      | Susiness-Ro       | elated Pro           | pperty You Own or H                                     | ave an Interest In. Lis                         | st any real estate i          | n Part 1.                                                                        |
| 37.  | Do y     | ou own or have ar                                   | ıy legal or equ   | uitable intere       | est in any business-relate                              | ed property?                                    |                               |                                                                                  |
|      |          | No. Go to Part 6.<br>Yes. Go to line 38.            |                   |                      |                                                         |                                                 |                               | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38.  | Acc      | ounts receivable or                                 | commissions       | s you alread         | y earned                                                |                                                 |                               |                                                                                  |
|      |          | No<br>Yes. Describe                                 |                   |                      |                                                         |                                                 |                               |                                                                                  |
| 39.  |          | ce equipment, furn<br>nples: Business-rela          |                   |                      | odems, printers, copiers, fa                            | ax machines, rugs, telephone                    | es, desks, chairs, electron   | ic devices                                                                       |
|      |          | No<br>Yes. Describe                                 |                   |                      |                                                         |                                                 |                               |                                                                                  |
|      |          |                                                     |                   |                      |                                                         |                                                 |                               |                                                                                  |

| Deb   | tor 1 TilmekaCase 10                      | 6-035/1 D0c 1                          | FIIED UZROBOINED                                | Entered (02/40 to his to /ide look) | 7: <u>38 Desc</u> | <u>c main</u>                                                |
|-------|-------------------------------------------|----------------------------------------|-------------------------------------------------|-------------------------------------|-------------------|--------------------------------------------------------------|
| 40.   | First Name  Machinery, fixtures, eq       | Middle Name<br>uipment, supplies you u | Documatnation I<br>se in business, and tools of | Page 18 of 66<br>your trade         |                   |                                                              |
|       | ✓ No                                      |                                        |                                                 |                                     |                   |                                                              |
|       | Yes. Describe                             |                                        |                                                 |                                     | _                 |                                                              |
| 41.   | Inventory                                 |                                        |                                                 |                                     |                   |                                                              |
|       | ✓ No                                      |                                        |                                                 |                                     |                   |                                                              |
|       | Yes. Describe                             |                                        |                                                 |                                     | _                 |                                                              |
| 42.   | Interests in partnershi                   | ips or joint ventures                  |                                                 |                                     |                   |                                                              |
|       | ✓ No                                      |                                        | Name of autit :                                 | 0/ 2/ 2/                            | a wa la ira .     |                                                              |
|       | Yes. Give specific information about them |                                        | Name of entity:                                 | % of own                            | ersnip:<br>       |                                                              |
| 43 (  | Customer lists mailing                    | lists, or other compilation            | ons                                             |                                     |                   |                                                              |
| +∪. € | No                                        | note, or other compliant               |                                                 |                                     |                   |                                                              |
|       |                                           | clude personally identifiabl           | e information (as defined in 11                 | U.S.C. § 101(41A))?                 |                   |                                                              |
|       | □ No                                      |                                        | (                                               |                                     |                   |                                                              |
|       | Yes. Descr                                | ibe                                    |                                                 |                                     |                   |                                                              |
|       | _                                         |                                        |                                                 |                                     |                   |                                                              |
| 44.   |                                           | property you did not alrea             | ady list                                        |                                     |                   |                                                              |
|       | ✓ No                                      |                                        |                                                 |                                     |                   |                                                              |
|       | Yes. Give specific information            |                                        |                                                 |                                     |                   |                                                              |
|       |                                           |                                        |                                                 |                                     |                   |                                                              |
|       |                                           |                                        |                                                 |                                     |                   |                                                              |
|       |                                           |                                        |                                                 |                                     | <del></del> ,     |                                                              |
|       |                                           |                                        |                                                 |                                     |                   |                                                              |
|       |                                           |                                        |                                                 |                                     |                   |                                                              |
| 1E A  |                                           | II of vois outring from De             | ut E including on, ontrice f                    | an manaa way baya attaabad          |                   |                                                              |
|       | art 5. Write that number                  | -                                      | rt 5, including any entries f                   |                                     | ▶                 |                                                              |
| Part  |                                           | Farm- and Commerc                      |                                                 | pperty You Own or Have an           | Interest In.      |                                                              |
| 46.   | Do you own or have a                      | ny legal or equitable inte             | rest in any farm- or comme                      | cial fishing-related property?      |                   |                                                              |
|       | No. Go to Part 7. Yes. Go to line 47.     |                                        |                                                 |                                     |                   | Current value of the portion you own?  Do not deduct secured |
|       |                                           |                                        |                                                 |                                     |                   | claims or exemptions                                         |
| 47.   | Farm animals  Examples: Livestock, por    | ultry, farm-raised fish                |                                                 |                                     |                   |                                                              |
|       | ✓ No                                      |                                        |                                                 |                                     |                   |                                                              |
|       | Yes. Describe                             |                                        |                                                 |                                     | _                 |                                                              |

|                                                                                                                       | <u>2/05/16 Entered 0</u> mether Page 19 of | <b>12:405:11:6</b> :11:6:407: <u>38 De</u> : | sc Main      |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------|--------------|
| 48. Crops-either growing or harvested                                                                                 | mont rago 10 of                            |                                              |              |
| <b>✓</b> No                                                                                                           |                                            |                                              |              |
| Yes. Describe                                                                                                         |                                            |                                              |              |
| 49. Farm and fishing equipment, implements, machinery, fixture                                                        | es, and tools of trade                     |                                              |              |
| <b>✓</b> No                                                                                                           |                                            |                                              |              |
| Yes. Describe                                                                                                         |                                            |                                              |              |
| 50. Farm and fishing supplies, chemicals, and feed                                                                    |                                            |                                              |              |
| <b>✓</b> No                                                                                                           |                                            |                                              |              |
| Yes. Describe                                                                                                         |                                            |                                              |              |
| 51. Any farm- and commercial fishing-related property you did r  Examples: Livestock, poultry, farm-raised fish       | not already list                           |                                              |              |
| <b>✓</b> No                                                                                                           |                                            |                                              |              |
| Yes. Describe                                                                                                         |                                            |                                              |              |
|                                                                                                                       |                                            |                                              |              |
| 52. Add the dollar value of all of your entries from Part 6, including for Part 6. Write that number here             |                                            |                                              |              |
|                                                                                                                       |                                            | ······································       |              |
|                                                                                                                       |                                            |                                              |              |
| Part 7: Describe All Property You Own or Have an Int                                                                  |                                            | ot List Above                                |              |
| 53. Do you have other property of any kind you did not already I<br>Examples: Season tickets, country club membership | ist?                                       |                                              |              |
| ✓ No                                                                                                                  |                                            |                                              |              |
| Yes. Give specific                                                                                                    |                                            |                                              |              |
| information                                                                                                           |                                            |                                              |              |
| <u> </u>                                                                                                              |                                            |                                              |              |
| 54. Add the dollar value of all of your entries from Part 7. Write tha                                                | t number here                              | •                                            |              |
| and the dental ratios of all of your offices from a larger times and                                                  |                                            |                                              |              |
|                                                                                                                       |                                            |                                              |              |
| Part 8: List the Totals of Each Part of this Form                                                                     |                                            |                                              |              |
| 55. Part 1: Total real estate, line 2                                                                                 |                                            |                                              |              |
| 56. part 2 total vehicles, line 5                                                                                     | 40.00                                      |                                              |              |
| 57.Part 3: Total personal and household items, line 15                                                                | \$6190.00                                  |                                              |              |
| 58.Part 4: Total financial assets, line 36                                                                            | \$825.00                                   |                                              |              |
| 59. Part 5: Total business-related property, line 45                                                                  | \$5229.00                                  |                                              |              |
|                                                                                                                       |                                            |                                              |              |
| 60. Part 6: Total farm- and fishing-related property, line 52                                                         |                                            |                                              |              |
| 61. Part 7: Total other property not listed, line 54                                                                  |                                            |                                              |              |
| 62. Total personal property. Add lines 56 through 61                                                                  | \$12244.00                                 | Copy personal property total ▶               | + \$12244.00 |
|                                                                                                                       |                                            | copy personal property total P               | <b>A</b> · · |
| 63. <b>Total of all property on Schedule A/B.</b> Add line 55 + line 62                                               |                                            |                                              | \$12244.00   |

| Fill i                                       | n this inform                                                                               | Case 16-03571 ation to identify your case:                                                                                  | Doc 1                                                                                                             | Filed 02/0                                                                                                                 | 05/16 Ent                                                                                                                           | ered 02/0                                                           | 5/16 16:07:38                                                                                                                   | Desc Main                                                                                                                                                                      |
|----------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                              | otor 1                                                                                      | Tilmeka                                                                                                                     | NA: alalla                                                                                                        | Nama                                                                                                                       | Robbins                                                                                                                             |                                                                     |                                                                                                                                 |                                                                                                                                                                                |
|                                              | otor 2<br>ouse, if filing)                                                                  | First Name First Name                                                                                                       | Middle                                                                                                            |                                                                                                                            | Last Name  Last Name                                                                                                                |                                                                     |                                                                                                                                 |                                                                                                                                                                                |
| Unit                                         | ed States Ba                                                                                | ankruptcy Court for the:                                                                                                    | Northern                                                                                                          | D                                                                                                                          | istrict of Illinois                                                                                                                 |                                                                     |                                                                                                                                 |                                                                                                                                                                                |
|                                              | e number<br>nown)                                                                           |                                                                                                                             |                                                                                                                   |                                                                                                                            | (State)                                                                                                                             |                                                                     |                                                                                                                                 |                                                                                                                                                                                |
| Of                                           | ficial F                                                                                    | orm 106C                                                                                                                    |                                                                                                                   |                                                                                                                            |                                                                                                                                     |                                                                     | I                                                                                                                               | Check if this is a amended filing                                                                                                                                              |
|                                              |                                                                                             | e C: The Prop                                                                                                               | erty You                                                                                                          | u Claim                                                                                                                    | as Exem                                                                                                                             | pt                                                                  |                                                                                                                                 | 12/1                                                                                                                                                                           |
| For<br>is to<br>exer<br>rece<br>exer<br>exer | each item o state a s mpted up eive certa mption of perty is d  Viii Ident Vhich set You an | additional pages, write<br>n of property you class<br>pecific dollar amount<br>to the amount of ar<br>in benefits, and tax- | aim as exempt ny applicable exempt retir t value under d that amoun  Claim as Ex laiming? Check I nonbankruptcy e | pt, you must. Alternative e statutory rement function a law that ht, your exempt cone only, ever exemptions. 11 (522(b)(2) | umber (if known st specify the ely, you may limit. Some eds—may be uhimits the examption would if your spouse is U.S.C. § 522(b)(3) | amount of claim the fuxemptions-nlimited in emption to a be limited | the exemption you<br>ull fair market valu<br>—such as those fo<br>dollar amount. Ho<br>a particular dollar<br>to the applicable | ional Page as necessary. On a claim. One way of doing so e of the property being r health aids, rights to wever, if you claim an amount and the value of the statutory amount. |
|                                              |                                                                                             | ription of the property and the A/B that lists this pro                                                                     |                                                                                                                   | nt value of<br>rtion you                                                                                                   | Amount of the                                                                                                                       |                                                                     | •                                                                                                                               | cific laws that allow exemption                                                                                                                                                |
|                                              |                                                                                             |                                                                                                                             |                                                                                                                   | ne value from<br>ule A/B                                                                                                   |                                                                                                                                     |                                                                     |                                                                                                                                 |                                                                                                                                                                                |
|                                              | Brief<br>description                                                                        | : Used Clothing                                                                                                             | \$3                                                                                                               | 350.00                                                                                                                     | <b>7</b>                                                                                                                            |                                                                     | <u> </u>                                                                                                                        | 735 ILCS 5/12-1001(a)                                                                                                                                                          |
|                                              | Line from Schedule A                                                                        |                                                                                                                             |                                                                                                                   |                                                                                                                            | 100% of fair                                                                                                                        | \$350.00<br>market value, u<br>statutory limit                      | up to any                                                                                                                       |                                                                                                                                                                                |
|                                              | Brief<br>description                                                                        | : Used Furniture                                                                                                            | \$4                                                                                                               | 100.00                                                                                                                     |                                                                                                                                     | natatory iii iii                                                    |                                                                                                                                 | 735 ILCS 5/12-1001(b)                                                                                                                                                          |
|                                              | Line from Schedule A                                                                        |                                                                                                                             |                                                                                                                   |                                                                                                                            | 100% of fair                                                                                                                        | \$400.00<br>market value, u<br>statutory limit                      | p to any                                                                                                                        |                                                                                                                                                                                |
| 3.                                           | (Subject to                                                                                 | aiming a homestead exer<br>adjustment on 4/01/16 and<br>id you acquire the property                                         | every 3 years aft                                                                                                 | ter that for case                                                                                                          | s filed on or after th                                                                                                              | ·                                                                   | ,                                                                                                                               |                                                                                                                                                                                |

No Yes

Filed 02/05/16 Entered 02/05/16 16ରେ Desc Main Documente Page 21 of 66 Doc 1 Debtor 1 Tilmek Case 16-03571 First Name

| •                  | scription of the property and Current value of |                                     | Amount of the exemption you claim                               | Specific laws that allow exemption |
|--------------------|------------------------------------------------|-------------------------------------|-----------------------------------------------------------------|------------------------------------|
| property           | ule A/B that lists this                        | the portion you<br>own              | Check only one box for each exemption.                          |                                    |
|                    |                                                | Copy the value from<br>Schedule A/B |                                                                 |                                    |
| Brief description: | Misc Costume Jewelry                           | \$75.00                             | <b>✓</b>                                                        | 735 ILCS 5/12-1001(b)              |
| Line from          |                                                |                                     | \$75.00                                                         | <u></u>                            |
| Schedule A/B:      | 12                                             |                                     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief              |                                                |                                     | _                                                               | 735 ILCS 5/12-1001(c)              |
| description:       | 2010 Dodge Charger                             | \$6,190.00                          |                                                                 |                                    |
| Line from          |                                                |                                     | 100% of fair market value, up to any                            | <del></del>                        |
| Schedule A/B:      | 03                                             |                                     | applicable statutory limit                                      |                                    |
| Brief              | Anticipated 2015 Earned                        |                                     | <u> </u>                                                        | 735 ILCS 5/12-1001(g)(1)           |
| description:       | Income Credit                                  | \$5,229.00                          | \$5,229.00                                                      |                                    |
| Line from          |                                                |                                     | 100% of fair market value, up to any                            | <del></del>                        |
| Schedule A/B:      | 28                                             |                                     | applicable statutory limit                                      |                                    |
| Brief              | Anticipated 2015 Child                         | <b>40.000.00</b>                    |                                                                 | 735 ILCS 5/12-1001(g)(1)           |
| description:       | Tax Credit                                     | \$2,000.00                          | \$2,000.00                                                      |                                    |
| Line from          |                                                |                                     | 100% of fair market value, up to any                            | <del></del>                        |
| Schedule A/B:      | 28                                             |                                     | applicable statutory limit                                      |                                    |

|                                                  | Case 16-03571                         | Doc 1 Filed (                                  | 02/05/16 Entered 02                                                                            | /05/16 16·07·38                                                        | Desc Main                                             |                                    |
|--------------------------------------------------|---------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------|
| Fill in this inform                              | ation to identify your case:          |                                                |                                                                                                | 0,10 10.01.00                                                          | Bood Main                                             |                                    |
| Debtor 1                                         | Tilmeka                               |                                                | Robbins                                                                                        |                                                                        |                                                       |                                    |
|                                                  | First Name                            | Middle Name                                    | Last Name                                                                                      |                                                                        |                                                       |                                    |
| Debtor 2<br>(Spouse, if filing)                  | First Name                            | Middle Name                                    | Last Name                                                                                      |                                                                        |                                                       |                                    |
| United States Ba                                 | ankruptcy Court for the: N            | lorthern                                       | District of Illinois                                                                           |                                                                        |                                                       |                                    |
|                                                  | _                                     |                                                | (State)                                                                                        |                                                                        |                                                       |                                    |
| Case number (If known)                           | -                                     |                                                |                                                                                                |                                                                        |                                                       |                                    |
| <del>`                                    </del> | orm 106D                              |                                                |                                                                                                |                                                                        |                                                       | neck if this is a<br>nended filing |
| Schedu                                           | le D: Credito                         | rs Who Hav                                     | e Claims Secur                                                                                 | ed by Prope                                                            | rty                                                   | 12/1                               |
| 1. Do any cre No. Ch                             | editors have claims secured           | d by your property? form to the court with you | name and case number (if                                                                       | •                                                                      |                                                       |                                    |
| claim. If mo                                     |                                       | articular claim, list the other                | claim, list the creditor separately for<br>er creditors in Part 2. As much as<br>ditor's name. | each Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any  |
| 2.1 CORP AM                                      | FCU                                   |                                                |                                                                                                | \$12,146.00                                                            | \$6,190.00                                            | \$5,956.00                         |
| Creditor's Na                                    |                                       | Describe the propert                           | y that secures the claim:                                                                      |                                                                        |                                                       |                                    |
| 2445 ALFT<br>Number                              | Street                                | - Dodge, Charger   Val                         | ue: \$6,190.00                                                                                 |                                                                        |                                                       |                                    |
| Number                                           | Street                                | As of the date you file                        | e, the claim is: Check all that apply.                                                         |                                                                        |                                                       |                                    |
|                                                  |                                       | Contingent                                     |                                                                                                |                                                                        |                                                       |                                    |
| ELGIN<br>City                                    | Illinois 60124 State ZIP Code         | Unliquidated                                   |                                                                                                |                                                                        |                                                       |                                    |
| •                                                | the debt? Check one.                  | Disputed                                       |                                                                                                |                                                                        |                                                       |                                    |
| ✓ Debtor                                         |                                       | Nature of lien. Check                          | all that apply.                                                                                |                                                                        |                                                       |                                    |
| Debtor                                           | •                                     | An agreement you                               | ı made (such as mortgage or secure                                                             | Ч                                                                      |                                                       |                                    |
| =                                                | 1 and Debtor 2 only                   | car loan)                                      | Thade (such as mortgage of secure                                                              | u                                                                      |                                                       |                                    |
|                                                  | one of the debtors and                | Statutory lien (suc                            | h as tax lien, mechanic's lien)                                                                |                                                                        |                                                       |                                    |
| another                                          |                                       | Judgment lien from                             |                                                                                                |                                                                        |                                                       |                                    |
|                                                  | if this claim relates to a unity debt | Other (including a                             |                                                                                                | <u></u>                                                                |                                                       |                                    |
|                                                  | was incurred 12/1/2014                | Last 4 digits of acco                          | unt number0143                                                                                 |                                                                        |                                                       |                                    |
|                                                  | Add the dollar value of yo            | ur entries in Column A                         | on this page. Write that number                                                                | \$12,146.00                                                            |                                                       |                                    |

| Fill in                      | this informs                                    | Case 16-03571                                                                             |                                                                                                                                                      | 02/05/16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Entered 02                                             | <u>/0</u> 5/16 16:07:38                            | B Desc                             | Main                         |                               |
|------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|------------------------------------|------------------------------|-------------------------------|
|                              | u iis ii iiOiTTia                               | morrio identity your case                                                                 |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del>- 0.90 - 0 0</del>                                |                                                    |                                    |                              |                               |
| Debto                        |                                                 | Tilmeka                                                                                   |                                                                                                                                                      | Robbir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                                                    |                                    |                              |                               |
|                              |                                                 | First Name                                                                                | Middle Name                                                                                                                                          | Last N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ame                                                    |                                                    |                                    |                              |                               |
| Debto<br>(Spou               |                                                 | First Name                                                                                | Middle Name                                                                                                                                          | Last N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ame                                                    |                                                    |                                    |                              |                               |
| United                       | d States Ba                                     | nkruptcy Court for the:                                                                   | Northern                                                                                                                                             | District of Illi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | inois<br>State)                                        |                                                    |                                    |                              |                               |
| Case<br>(If kno              | number<br>wn)                                   |                                                                                           |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                                                    |                                    |                              |                               |
| Offi                         | cial Fo                                         | rm 106E/F                                                                                 |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        | <del></del> ,                                      | Chec                               | ck if this is an             | amended filing                |
| Scl                          | nedu                                            | le E/F: Cre                                                                               | ditors Who                                                                                                                                           | Have U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nsecure                                                | d Claims                                           |                                    |                              | 12/15                         |
| 106Å/E<br>are list<br>the bo | B) and on Sted in Sche<br>xes on the            | Schedule G: Executory edule D: Creditors Who left. Attach the Contin                      | xpired leases that could in<br>Contracts and Unexpire<br>or Hold Claims Secured boution Page to this page<br>Y Unsecured Claims                      | d Leases (Officiand of the series of the ser | al Form 106G). Do<br>ore space is neede                | not include any credito<br>d, copy the Part you no | ors with parti<br>eed, fill it out | ally secured<br>, number the | l claims that<br>e entries in |
| 1.                           |                                                 | ditors have priority unso                                                                 | secured claims against yo                                                                                                                            | ou?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                        |                                                    |                                    |                              |                               |
| i<br>F<br>I                  | dentify what<br>possible, list<br>Part 1. If mo | t type of claim it is. If a cla<br>the claims in alphabetic<br>ore than one creditor hold | claims. If a creditor has maim has both priority and not all order according to the creds a particular claim, list the laim, see the instructions fo | npriority amounts,<br>editor's name. If ye<br>other creditors in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | list that claim here a<br>ou have more than<br>Part 3. | and show both priority an                          | d nonpriority a                    | amounts. As r                | much as                       |
|                              |                                                 |                                                                                           |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                                                    | Total claim                        | Priority amount              | Nonpriority amount            |
|                              |                                                 |                                                                                           |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                                                    |                                    |                              |                               |

TilmekaCase 16-03571 Doc 1 Filed 02x05x16 Entered 02x05x16 116 116 107:38 Desc Main Debtor 1 Documernt Page 24 of 66 List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. ◪ List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of **Total claim** 4.1 BRCLYSBANKDE \$2,054.00 Last 4 digits of account number 9385 Nonpriority Creditor's Name PO BOX 26182 When was the debt incurred? 9/1/2014 Street Number As of the date you file, the claim is: Check all that apply. Contingent WILMINGTON Delaware 19899 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only |√| Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Is the claim subject to offset? **✓** No Yes 4.2 Capital One \$770.00 3153 Last 4 digits of account number Nonpriority Creditor's Name Po Box 30281 When was the debt incurred? 10/1/2011 Number Street As of the date you file, the claim is: Check all that apply. Contingent Salt Lake City Utah 84130 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only ✓ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No l Yes 4.3 CAPITAL ONE BANK USA N \$1,774.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 85520 When was the debt incurred? 11/1/2008 Number Street As of the date you file, the claim is: Check all that apply. Contingent **RICHMOND** Virginia 23285 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Is the claim subject to offset? **✓** No

Yes

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Doc 1

|     | 2. Tour NONF MONTH Office Carea Claims - Contin               | aution rugo                                                       |             |
|-----|---------------------------------------------------------------|-------------------------------------------------------------------|-------------|
|     | After listing any entries on this page, number them beginning | with 4.5, followed by 4.6, and so forth.                          | Total claim |
| 4.4 | CAPITAL ONE BANK USA N<br>Nonpriority Creditor's Name         | Last 4 digits of account number                                   | \$1,197.00  |
|     | PO BOX 85520                                                  | When was the debt incurred? 5/1/2008                              |             |
|     | Number Street                                                 | As of the date you file, the claim is: Check all that apply.      |             |
|     |                                                               | Contingent                                                        |             |
|     | RICHMOND Virginia 23285 City State Zip Code                   | Unliquidated                                                      |             |
|     | Who incurred the debt? Check one.                             | Disputed                                                          |             |
|     | Debtor 1 only                                                 | Type of NONPRIORITY unsecured claim:                              |             |
|     | Debtor 2 only                                                 | Student loans                                                     |             |
|     | Debtor 1 and Debtor 2 only                                    | Obligations arising out of a separation agreement or divorce that |             |
|     | At least one of the debtors and another                       | you did not report as priority claims                             |             |
|     | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts |             |
|     | Is the claim subject to offset?                               | ✓ Other. Specify                                                  |             |
|     | ✓ No                                                          |                                                                   |             |
|     | Yes                                                           |                                                                   |             |
| 4.5 | CAPITAL ONE BANK USA N<br>Nonpriority Creditor's Name         | Last 4 digits of account number                                   | \$770.00    |
|     | PO BOX 85520                                                  | When was the debt incurred? 10/1/2011                             |             |
|     | Number Street                                                 | As of the date you file, the claim is: Check all that apply.      |             |
|     |                                                               | Contingent                                                        |             |
|     | RICHMOND Virginia 23285 City State Zip Code                   | Unliquidated                                                      |             |
|     | Who incurred the debt? Check one.                             | Disputed                                                          |             |
|     | Debtor 1 only                                                 | Type of NONPRIORITY unsecured claim:                              |             |
|     | Debtor 2 only                                                 | Student loans                                                     |             |
|     | Debtor 1 and Debtor 2 only                                    | Obligations arising out of a separation agreement or divorce that |             |
|     | At least one of the debtors and another                       | you did not report as priority claims                             |             |
|     | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts |             |
|     | Is the claim subject to offset?                               | ✓ Other. Specify                                                  |             |
|     | No V                                                          |                                                                   |             |
|     | Yes                                                           |                                                                   |             |
| 4.6 | CBNA Nonpriority Creditor's Name                              | Last 4 digits of account number                                   | \$395.00    |
|     | PO Box 6497                                                   | When was the debt incurred? 4/1/2010                              |             |
|     | Number Street                                                 | As of the date you file, the claim is: Check all that apply.      |             |
|     |                                                               | Contingent                                                        |             |
|     | Sioux Falls South Dakota 57117 City State Zip Code            | Unliquidated                                                      |             |
|     | Who incurred the debt? Check one.                             | Disputed                                                          |             |
|     | Debtor 1 only                                                 | Type of NONPRIORITY unsecured claim:                              |             |
|     | Debtor 2 only                                                 | Student loans                                                     |             |
|     | Debtor 1 and Debtor 2 only                                    | Obligations arising out of a separation agreement or divorce that |             |
|     | At least one of the debtors and another                       | you did not report as priority claims                             |             |
|     | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts |             |
|     | Is the claim subject to offset?  No                           | ✓ Other. Specify                                                  |             |
|     |                                                               |                                                                   |             |
|     | Yes                                                           |                                                                   |             |

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First Name Document Page 26 of 66

| Part 2: Your NONPRIORITY Unsecured Claims - Conti                                                                                                                                                                                                                                                                                                          | nuation Page                                                                                                                                                                                                                                                                                                                                                                                                        |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| After listing any entries on this page, number them beginning                                                                                                                                                                                                                                                                                              | g with 4.5, followed by 4.6, and so forth.                                                                                                                                                                                                                                                                                                                                                                          | Total claim |
| 4.7 COMENITY BANK/ASHSTWRT  Nonpriority Creditor's Name PO BOX  Number Street                                                                                                                                                                                                                                                                              | Last 4 digits of account number  When was the debt incurred? 12/1/2010  As of the date you file, the claim is: Check all that apply.                                                                                                                                                                                                                                                                                | \$347.00    |
| Columbus Ohio 43218 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  ✓ No  Yes                                                                                 | Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify                                                                                                                                      |             |
| A.8 CORP AM FCU Nonpriority Creditor's Name 2445 ALFT LANE Number Street  ELGIN Illinois 60124 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt Is the claim subject to offset? ✓ No □ Yes | Last 4 digits of account number                                                                                                                                                                                                                                                                                                                                                                                     | \$4,894.00  |
| PLS Financial Solutions                                                                                                                                                                                                                                                                                                                                    | Last 4 digits of account number  When was the debt incurred? n/a  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify | \$300.00    |

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Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim 4.10 SPRINGLEAF FINANCIAL S \$2,905.00 Last 4 digits of account number Nonpriority Creditor's Name 3632 W 95th St When was the debt incurred? 7/1/2014 Number Street As of the date you file, the claim is: Check all that apply. Contingent Evergreen park Illinois 60805 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only  $\overline{\mathbf{A}}$ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No ☐ Yes 4.11 SYNCB/OLD NAVY \$357.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 965005 When was the debt incurred? 12/1/2012 Number Street As of the date you file, the claim is: Check all that apply. Contingent **ORLANDO** Florida 32896 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset?  $\square$ Other, Specify **✓** No Yes 4.12 SYNCB/TJX COS DC \$2,182.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 965005 When was the debt incurred? 7/1/2013 Number As of the date you file, the claim is: Check all that apply.

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning                                                                                                                                                                                                                                 | g with 4.5, followed by 4.6, and so forth.                                                                                                                                                                                                                                                                                                                        | Total claim |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 4.13 SYNCB/WALMAR Nonpriority Creditor's Name PO BOX 965024 Number Street                                                                                                                                                                                                                     | Last 4 digits of account number 7383  When was the debt incurred? 10/1/2014  As of the date you file, the claim is: Check all that apply.                                                                                                                                                                                                                         | \$1,438.00  |
| EL PASO Texas 79998 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset?  No Yes                             | Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify                                                                                   |             |
| 4.14 WEBBANK/GTN Nonpriority Creditor's Name 6250 RIDGEWOOD ROA Number Street                                                                                                                                                                                                                 | Last 4 digits of account number 0022  When was the debt incurred? 11/1/2010  As of the date you file, the claim is: Check all that apply.                                                                                                                                                                                                                         | \$922.00    |
| SAINT CLOUD Minnesota 56303 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  ☐ Debtor 2 only  ☐ Debtor 1 and Debtor 2 only  ☐ At least one of the debtors and another  ☐ Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  ☐ Yes | <ul> <li>Contingent</li> <li>Unliquidated</li> <li>Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>✓ Other. Specify</li> </ul> |             |

Debtor 1 Tilmek Case 16-03571 First Name 
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Add the Amounts for Each Type of Unsecured Claim

| 6. Total the am Add the am  | 8 U.S.C. §159. |                                                                                                         |     |              |  |  |  |
|-----------------------------|----------------|---------------------------------------------------------------------------------------------------------|-----|--------------|--|--|--|
|                             |                |                                                                                                         |     | Total claims |  |  |  |
| Total claims<br>from Part 1 | 6a.            | Domestic support obligations.                                                                           | 6a. | \$0.00       |  |  |  |
|                             | 6b.            | Taxes and certain other debts you owe the                                                               | 6b. | \$0.00       |  |  |  |
|                             | 6c.            | Claims for death or personal injury while you were intoxicated                                          | 6c. | \$0.00       |  |  |  |
|                             | 6d.            | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$0.00       |  |  |  |
|                             | 6e.            | Total. Add lines 6a through 6d.                                                                         | 6e. | \$0.00       |  |  |  |
|                             |                |                                                                                                         |     | Total claims |  |  |  |
| Total claims<br>from Part 2 | 6f.            | Student loans                                                                                           | 6f. | \$0.00       |  |  |  |
|                             | 6g.            | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00       |  |  |  |
|                             | 6h.            | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$0.00       |  |  |  |
|                             | 6i.            | Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. | \$20,305.00  |  |  |  |
|                             | 6j.            | Total. Add lines 6f through 6i.                                                                         | 6j. | \$20,305.00  |  |  |  |

|                                  |                                                             | Case 16-035                                                                                                                                                    | 71 Doc 1                                                    | Filed 0                                        | 2/05/16                                                                              | Ente                                              | red 02/0                      | 05/16 16:07                           | 7:38                     | Desc Ma                             | ain                                |
|----------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------|---------------------------------------|--------------------------|-------------------------------------|------------------------------------|
| Fill in th                       | nis informa                                                 | ation to identify your c                                                                                                                                       |                                                             |                                                |                                                                                      |                                                   |                               | 3/10 10.07                            | .00                      | DC3C IVIC                           | 2111                               |
| Debtor                           |                                                             | Tilmeka                                                                                                                                                        |                                                             |                                                | Robbi                                                                                | ins                                               |                               |                                       |                          |                                     |                                    |
|                                  |                                                             | First Name                                                                                                                                                     | Midd                                                        | le Name                                        | Last N                                                                               | Name                                              |                               |                                       |                          |                                     |                                    |
| Debtor<br>(Spous                 |                                                             | First Name                                                                                                                                                     | Midd                                                        | le Name                                        | Last N                                                                               | Name                                              |                               |                                       |                          |                                     |                                    |
| United                           | States Ba                                                   | nkruptcy Court for the                                                                                                                                         | : Northern                                                  |                                                | _ District of III                                                                    | linois<br>State)                                  |                               |                                       |                          |                                     |                                    |
| Case n                           |                                                             |                                                                                                                                                                |                                                             |                                                |                                                                                      | Siale)                                            |                               |                                       |                          |                                     |                                    |
| Offic                            | cial F                                                      | orm 1060                                                                                                                                                       | <u> </u>                                                    |                                                |                                                                                      |                                                   |                               | 1                                     |                          |                                     | Check if this is an amended filing |
| Sch                              | edule                                                       | e G: Execu                                                                                                                                                     | itory Con                                                   | tracts                                         | and Un                                                                               | expi                                              | red Le                        | eases                                 |                          |                                     | 12/1                               |
| space is case nu  1. Do  2. List | needed,<br>mber (if k<br>you ha<br>No. Chec<br>Yes. Fill in | and accurate as post, copy the additional known).  Ve any executor k this box and file this all of the information ely each person or ce, cell phone). See the | I page, fill it out, not below even if the company with who | unexpired with your other contracts or leading | ntries, and at<br>d leases?<br>er schedules. Y<br>ases are listed<br>the contract of | fach it to  You have not some on Scheoor lease. T | othing else the dule A/B: Pro | On the top of any                     | y addition rm. rm 106A/E | nal pages, w  3).  se is for (for o | rite your name and example, rent,  |
|                                  | Person o                                                    | or company with wh                                                                                                                                             | nom you have the                                            | contract or le                                 | ease                                                                                 |                                                   |                               | State what the                        | contract                 | or lease is fo                      | or                                 |
| Ī                                | /era Iverso<br>Name<br>0651 S Ha                            | •                                                                                                                                                              |                                                             |                                                |                                                                                      | _                                                 |                               | Other,<br>Other,<br>Residential Lease | e                        |                                     |                                    |
| 1                                | Number                                                      | Street                                                                                                                                                         |                                                             |                                                |                                                                                      | <del></del>                                       |                               |                                       |                          |                                     |                                    |
| _                                | Chicago                                                     |                                                                                                                                                                | Illinois                                                    | 60643                                          | J_                                                                                   | _                                                 |                               |                                       |                          |                                     |                                    |
| (                                | City                                                        |                                                                                                                                                                | State                                                       | Zip Co                                         | ae                                                                                   |                                                   |                               |                                       |                          |                                     |                                    |

|      |                             | Case 16-0357                | 1 Doc 1 Filed 0                                               | 2/05/16 Entered (             | 02/05/16 16·07·38                  | Desc Main                                                                              |
|------|-----------------------------|-----------------------------|---------------------------------------------------------------|-------------------------------|------------------------------------|----------------------------------------------------------------------------------------|
| Fill | in this informa             | ation to identify your case |                                                               |                               | 3/10 10.07.30                      | DC3C Main                                                                              |
| Deb  | otor 1                      | Tilmeka                     |                                                               | Robbins                       | _                                  |                                                                                        |
| D.1  | 0                           | First Name                  | Middle Name                                                   | Last Name                     |                                    |                                                                                        |
|      | otor 2<br>ouse, if filing)  | First Name                  | Middle Name                                                   | Last Name                     | _                                  |                                                                                        |
| Uni  | ted States Ba               | nkruptcy Court for the:     | Northern                                                      | District of Illinois          |                                    |                                                                                        |
|      | se number<br>nown)          |                             |                                                               | (State)                       | _                                  |                                                                                        |
|      | ficial E                    | orm 106U                    |                                                               |                               |                                    | Check if this is a amended filing                                                      |
|      |                             | orm 106H<br>e H: Your Co    | debtors                                                       |                               |                                    | 12/1                                                                                   |
| n th | e boxes on t<br>y question. | the left. Attach the Add    | itional Page to this page. O                                  | •                             | ages, write your name and c        | e, fill it out, and number the entries<br>ase number (if known). Answer                |
|      | Louisiana, N                | •                           | ived in a community proper<br>erto Rico, Texas, Washington, a |                               | unity property states and territor | <i>ie</i> s include Arizona, California, Idaho,                                        |
|      |                             | 0                           | ouse, or legal equivalent live v                              | ·                             | in the name and current addres     | ss of that person.                                                                     |
|      |                             | Name of your spouse, for    | ormer spouse, or legal equivale                               | ent                           | -                                  |                                                                                        |
|      |                             | Number Street               |                                                               |                               | -                                  |                                                                                        |
|      |                             | City                        | State                                                         | Zip Code                      | -                                  |                                                                                        |
|      | as a codebt                 | or only if that person i    | s a guarantor or cosigner. N                                  | Make sure you have listed the |                                    | the person shown in line 2 again<br>ficial Form 106D), <i>Schedule E/F</i><br>olumn 2. |
|      | Column 1:                   | Your codebtor               |                                                               |                               | Column 2: The creditor to          | whom you owe the debt                                                                  |

Check all schedules that apply:

| Fill ir            | n this information to identif                                             | y your case:                                         |                              |                  | 5/16 16:           | :07:38 Des                      | sc Main        |                                  |
|--------------------|---------------------------------------------------------------------------|------------------------------------------------------|------------------------------|------------------|--------------------|---------------------------------|----------------|----------------------------------|
| Debto              | r 1 Tilmoko                                                               | Docar                                                | Robbins                      | JC 32 01 V       | <del></del>        |                                 |                |                                  |
| Deblo              | r 1 <u>Tilmeka</u><br>First Name                                          | Middle Name                                          | Last Name                    |                  |                    |                                 |                |                                  |
| Debto              | r 2                                                                       |                                                      |                              |                  |                    | Check if this is:               |                |                                  |
| (Spous             | se, if filing) First Name                                                 | Middle Name                                          | Last Name                    |                  |                    | An amended fil                  | ing            |                                  |
| United             | d States Bankruptcy Court for the:                                        | Northern                                             | District of Illinois (State) |                  |                    | A supplement s expenses as of   |                | t-petition chapter 13<br>g date: |
| Case r<br>(If knov | number<br>wn)                                                             |                                                      |                              |                  |                    | MM / DD / YYY                   | ΥY             |                                  |
| Offi               | cial Form 106I                                                            |                                                      |                              |                  |                    |                                 |                |                                  |
| Sch                | nedule I: Your Ind                                                        | come                                                 |                              |                  |                    |                                 |                | 12/15                            |
| nforn<br>ages      | de information about you nation about you spous s, write your name and ca | e. If more space is need<br>ase number (if known). A | ed, attach a se              | parate sh        |                    |                                 |                |                                  |
|                    | Fill in your employment information.                                      |                                                      | Debtor 1                     |                  |                    | Debtor 2                        |                |                                  |
|                    |                                                                           | Employment status                                    | ☐ Employed                   |                  |                    | Employed                        |                |                                  |
|                    | If you have more than one job,                                            |                                                      | ✓ Not Employe                | d                |                    | Not Employed                    | 1              |                                  |
|                    | attach a separate page with                                               | Occupation                                           |                              |                  |                    |                                 |                |                                  |
|                    | information about additional employers.                                   | Occupation                                           |                              |                  |                    |                                 |                |                                  |
|                    |                                                                           | Employer's name                                      | -                            |                  |                    |                                 |                |                                  |
|                    | Include part time, seasonal, or                                           | Employer's address                                   | Niverbas Otrast              |                  |                    | Negative Otrost                 |                |                                  |
|                    | self-employed work.                                                       |                                                      | Number Street                |                  |                    | Number Street                   |                |                                  |
|                    | Occupation may include                                                    |                                                      |                              |                  |                    | -                               |                |                                  |
|                    | student                                                                   |                                                      |                              |                  |                    |                                 |                |                                  |
|                    | or homemaker, if it applies.                                              |                                                      | -0:                          |                  |                    | 0.0                             |                |                                  |
|                    |                                                                           |                                                      | City                         | State            | Zip Code           | City                            | State          | Zip Code                         |
|                    |                                                                           | How long employed there?                             |                              |                  |                    |                                 |                |                                  |
| Part               | 2: Give Details About                                                     | Monthly Income                                       |                              |                  |                    |                                 |                |                                  |
|                    | mate monthly income as of the eparated.                                   | date you file this form. If you h                    | ave nothing to repo          | rt for any line, | write \$0 in the s | pace. Include your i            | non-filing spo | ouse unless you                  |
| If you             | u or your non-filing spouse have mo<br>parate sheet to this form.         | ore than one employer, combine the                   | ne information for a         | ll employers fo  | or that person on  | the lines below. If y           | ou need mor    | e space, attach                  |
|                    |                                                                           |                                                      |                              | For D            | Debtor 1           | For Debtor 2 or non-filing spou |                |                                  |
|                    | List monthly gross wages, sala deductions.) If not paid monthly, ca       | alculate what the monthly wage wo                    |                              |                  | \$1,894.19         |                                 |                |                                  |
| 3.                 | Estimate and list monthly over                                            | rtime pay.                                           | 3.                           |                  | + \$0.00           |                                 |                |                                  |
| 4.                 | 4. Calculate gross income. Add line 2 + line 3.                           |                                                      |                              |                  | \$1,894.19         |                                 |                |                                  |

Documentame Page 33 of 66 For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 4. \$1,894.19 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. \$207.41 5b. Mandatory contributions for retirement plans 5b. \$0.00 5c. Voluntary contributions for retirement plans 5c. \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 5e. Insurance 5e. \$0.00 5f. Domestic support obligations 5f. \$0.00 5g. Union dues 5g. \$0.00 5h. Other deductions. Specify: 5h. -\$0.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. \$207.41 6. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$1,686.77 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$0.00 8b. Interest and dividends 8b. \$0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce \$0.00 settlement, and property settlement. 8c. 8d. Unemployment compensation \$0.00 8d. 8e. Social Security 8e. \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies Specify: LINK 8f. \$274.00 8g. Pension or retirement income 8g. \$0.00 8h. Other monthly income. Specify: 8h. + \$0.00 9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. \$274.00 9. \$1,960.77 10.Calculate monthly income. Add line 7 + line 9. 10. \$1,960.77 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. \$0.00 11. + 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 12. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies \$1,960.77 Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? res. Explain:

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Tilmeka Case 16-03571

|                                       | Case 16-0357                                 | 71 Doc 1 Filed 02                                                      | 2/05/16 Entered 0:                            | 2/05/16 16:07:38   | Desc Main                                   |           |
|---------------------------------------|----------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------|--------------------|---------------------------------------------|-----------|
| Fill in this inform                   | ation to identify your ca                    |                                                                        | <u> </u>                                      |                    |                                             |           |
| Debtor 1                              | Tilmeka                                      |                                                                        | Robbins                                       |                    |                                             |           |
|                                       | First Name                                   | Middle Name                                                            | Last Name                                     | -                  |                                             |           |
| Debtor 2                              |                                              | N. C. I. II. N. I.                                                     |                                               | Check if this is:  |                                             |           |
| (Spouse, if filing)                   | First Name                                   | Middle Name                                                            | Last Name                                     | An amended filir   | ng                                          |           |
| United States Ba                      | ankruptcy Court for the:                     | Northern                                                               | District of Illinois (State)                  |                    | howing post-petition of the following date: | hapter 13 |
| Case number (If known)                | -                                            |                                                                        |                                               | - <u> </u>         |                                             |           |
| · · · · · · · · · · · · · · · · · · · | _                                            |                                                                        |                                               | MM / DD / YYY      | Υ                                           |           |
| Official F                            | <u>Form 106J</u>                             |                                                                        |                                               |                    |                                             |           |
| Schedul                               | e J: Your Ex                                 | kpenses                                                                |                                               |                    |                                             | 12/1      |
| nformation. If m<br>if known). Answ   |                                              | ible. If two married people are<br>attach another sheet to this fo     |                                               |                    |                                             |           |
| 1. Is this a joint                    | case?                                        |                                                                        |                                               |                    |                                             |           |
| ✓ No. Go t                            | to line 2                                    |                                                                        |                                               |                    |                                             |           |
| Yes. Do                               | es Debtor 2 live in a s                      | eparate household?                                                     |                                               |                    |                                             |           |
|                                       | No                                           |                                                                        |                                               |                    |                                             |           |
| _                                     |                                              | e Official Forms 106J-2, <i>Expense</i>                                | es for Separate Household of De               | obtor 2            |                                             |           |
| 2. Do you have                        | ·                                            |                                                                        | es for Separate Flouseriola of De             | 50tOl 2.           |                                             |           |
| 2. Do you have                        |                                              | No                                                                     |                                               |                    |                                             |           |
| Do not list De<br>Debtor 2.           |                                              | Yes. Fill out this information for<br>each dependent                   | Dependent's relationship Debtor 1 or Debtor 2 | to Dependent's age | Does depende<br>with you?                   | nt live   |
|                                       |                                              |                                                                        | Child                                         | 6 years            | ☐ No.                                       |           |
|                                       |                                              |                                                                        |                                               |                    | ✓ Yes.                                      |           |
|                                       |                                              |                                                                        | Child                                         | 15 years           | No.                                         |           |
|                                       |                                              |                                                                        |                                               |                    | ✓ Yes.                                      |           |
| 3. Do your expenses of                |                                              | No                                                                     |                                               |                    |                                             |           |
| than                                  | people outer                                 |                                                                        |                                               |                    |                                             |           |
| yourself and dependents               | your $\Box$                                  | Yes                                                                    |                                               |                    |                                             |           |
| Part 2: Estim                         | nate Your Ongoing                            | g Monthly Expenses                                                     |                                               |                    |                                             |           |
| •                                     | f a date after the bank                      | nankruptcy filing date unless your cruptcy is filed. If this is a supp | •                                             | • •                | •                                           |           |
|                                       |                                              | cash government assistance it<br>it on <i>Schedule I: Your Incom</i> e |                                               |                    | Your                                        | expenses  |
|                                       | r home ownership ex<br>the ground or lot. 4. | penses for your residence. Incl                                        | ude first mortgage payments an                | nd                 | 4.                                          | \$895.00  |
| If not inclu                          | ded in line 4:                               |                                                                        |                                               |                    |                                             |           |
| 4a. Real est                          | ate taxes                                    |                                                                        |                                               |                    | 4a _                                        | \$0.00    |
| 4b. Property                          | , homeowner's, or rente                      | er's insurance                                                         |                                               |                    | 4b.                                         | \$0.00    |
| 4c. Home m                            | aintenance, repair, and                      | upkeep expenses                                                        |                                               |                    | 4c.                                         | \$0.00    |

\$0.00

4d.

4d. Homeowner's association or condominium dues

Debtor 1 Tilmek Case 16-03571 Doc 1 Filed 02/05/16 Entered 02/05/16 /16/07:38 Desc Main

Document Page 35 of 66 Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$65.00 6a. 6b. Water, sewer, garbage collection \$0.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$90.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$300.00 7. 8. Childcare and children's education costs \$0.00 8. 9. Clothing, laundry, and dry cleaning \$0.00 9. 10. Personal care products and services \$0.00 10. 11. Medical and dental expenses \$0.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$160.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$0.00 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$0.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance \$90.00 15c 15d. Other insurance. Specify: \$0.00 15d 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: \_ \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 \$350.00 17a 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: \$0.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106l). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19. 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes 20b. \$0.00 20b 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses 20d. \$0.00 20d

\$0.00

20e

20e. Homeowner's association or condominium dues

| Debtor 1 T                                                                           | ilmekaCase 16-03571               | Doc 1             | Filed 02k05k16                 | <u>Entered</u> 02/05/16 | <i>∂</i> <b>11116100</b> 7: <u>38</u> De | esc Main      | _   |
|--------------------------------------------------------------------------------------|-----------------------------------|-------------------|--------------------------------|-------------------------|------------------------------------------|---------------|-----|
| Fi                                                                                   | irst Name                         | Middle Name       | Documetht ende                 | Page 36 of 66           |                                          |               |     |
| 21. <b>Other.</b> S                                                                  | pecify:                           |                   |                                | · ·                     | 21                                       | <b>\$0.</b>   | .00 |
|                                                                                      |                                   |                   |                                |                         | _                                        |               |     |
| 22. Calculat                                                                         | te your monthly expenses.         |                   |                                |                         |                                          | \$1,950.      | .00 |
| 22a. Add                                                                             | d lines 4 through 21.             |                   |                                |                         |                                          | \$0.          | _   |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 |                                   |                   |                                |                         |                                          | \$1,950.      | .00 |
| 22c. Add line 22a and 22b. The result is your monthly expenses.                      |                                   |                   |                                |                         |                                          | <del> ,</del> | _   |
| 23. Calculat                                                                         | e your monthly net income.        |                   |                                |                         | _                                        |               |     |
| 23a. Cop                                                                             | by line 12 (your combined month   | nly income) from  | Schedule I.                    |                         | 23a                                      | \$1,960.      | .77 |
| 23b. Cop                                                                             | by your monthly expenses from li  | ne 22 above.      |                                |                         | 23b                                      | \$1,950.      | .00 |
| 23c. Subtract your monthly expenses from your monthly income.                        |                                   |                   |                                |                         |                                          | \$10.         | .77 |
| The                                                                                  | e result is your monthly net inco | me.               |                                |                         | 23c                                      |               |     |
| 24. <b>Do you</b>                                                                    | expect an increase or decrea      | se in your exp    | enses within the year aft      | er you file this form?  |                                          |               |     |
| For exa                                                                              | ample, do you expect to finish pa | ying for your car | r loan within the year or do y | ou expect your          |                                          |               |     |
| mortga                                                                               | ge payment to increase or decre   | ease because o    | f a modification to the term   | s of your mortgage?     |                                          |               |     |
| <b>✓</b> No                                                                          |                                   |                   |                                |                         |                                          |               |     |
| Yes                                                                                  | 3                                 |                   |                                |                         |                                          |               |     |
| <u> </u>                                                                             | Explain here:                     |                   |                                |                         |                                          |               |     |
|                                                                                      | Едріан пого.                      |                   |                                |                         |                                          |               |     |
|                                                                                      |                                   |                   |                                |                         |                                          |               |     |

|                               | 0 10 00571                                 | D1 Fil-10                    | 0/05/4 C                             | 00/05/10 10:07:00                                      | Daga Main                         |
|-------------------------------|--------------------------------------------|------------------------------|--------------------------------------|--------------------------------------------------------|-----------------------------------|
| Fill in this inform           | Case 16-03571 mation to identify your case |                              | 2/05/16 Enler                        | red 02/05/16 16:07:38                                  | Desc Main                         |
| Debtor 1                      | Tilmeka                                    |                              | Robbins                              |                                                        |                                   |
|                               | First Name                                 | Middle Name                  | Last Name                            |                                                        |                                   |
| Debtor 2<br>(Spouse, if filin | g) First Name                              | Middle Name                  | Last Name                            |                                                        |                                   |
| United States B               | Bankruptcy Court for the:                  | Northern                     | District of Illinois (State)         |                                                        |                                   |
| Case number (If known)        |                                            |                              | (Giaic)                              |                                                        |                                   |
| Official                      | Form 106De                                 | <u>C</u>                     |                                      |                                                        | Check if this is a amended filing |
| Declara                       | tion About ar                              | n Individual De              | btor's Sche                          | dules                                                  | 12/1                              |
| f two married                 | people are filing together                 | r, both are equally responsi | ble for supplying corre              | ect information.                                       |                                   |
| Part 1: Sign                  | n Below                                    | one who is NOT an attorney   | r to help you fill out bar           | nkruptcy forms?                                        |                                   |
| ✓ No                          | , , ,                                      | ĺ                            | . ,                                  | , ,                                                    |                                   |
| =                             | Name of person                             |                              | Attach Bankrupt<br>Signature (Offici | icy Petition Preparer's Notice, Deck<br>ial Form 119). | aration, and                      |
| that they  /s/ Tilme          | are true and correct.                      | that I have read the summa   | ×                                    | with this declaration and ature of Debtor 2            |                                   |
| Date <b>2/5/</b>              | 2016<br>I/DD/YYYY                          |                              | Date                                 | MM/DD/YYYY                                             |                                   |

| Fill in this      | Case information to ide | 16-03571          |                      | Filed 02/05/16               | <u> Entered 02/0</u> 5/16    | 16:07:38       | Desc Main                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------|-------------------------|-------------------|----------------------|------------------------------|------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Debtor 1          | Tilmeka                 | ility your case.  |                      | Robbins                      |                              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Debior            | First Nam               | е                 | Middle N             |                              |                              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Debtor 2 (Spouse, | if filing) First Nam    |                   | Middle N             | Name Last Nan                |                              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| United St         | tates Bankruptcy C      | ourt for the:     | Northern             | District of Illino           |                              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Case nur          |                         |                   |                      | (Sta                         |                              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| (If known)        |                         |                   |                      |                              |                              |                | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Offici            | ial Form                | 107               |                      |                              |                              |                | Check if this is a<br>amended filing                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                   |                         |                   | al Affairs           | for Individua                | ls Filing for B              | ankrupto       | CV 12/1                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                   |                         |                   |                      |                              |                              |                | ng correct information. If more                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| space is r        | needed, attach a s      | separate sheet    | to this form. On     | the top of any additional    | pages, write your name a     | nd case number | r (if known). Answer every question                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Part 1:           | Give Details A          | bout Your         | Marital Status       | and Where You Live           | ed Before                    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 1. W              | /hat is your curre      | nt marital stat   | us?                  |                              |                              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Г                 | Married                 |                   |                      |                              |                              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>✓</b>          | Not married             |                   |                      |                              |                              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2. Du             | uring the last 3 ye     | ars, have you     | lived anywhere c     | other than where you live i  | now?                         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                   | No                      |                   |                      |                              |                              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>~</b>          | Yes. List all of th     | e places you liv  | ed in the last 3 yea | ars. Do not include where yo | ou live now.                 |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                   |                         |                   |                      |                              |                              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                   | Debtor 1:               |                   |                      | Dates Debtor 1 lived there   | Debtor 2:                    |                | Dates Debtor 2 lived there                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                   |                         |                   |                      |                              | Same as Debtor 1             |                | Same as Debtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                   | 11 Oak Creek Di         | r                 |                      |                              |                              |                | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                   | II Oak Olook Di         | •                 |                      |                              |                              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                   | Number Street           |                   |                      | From                         | Number Street                |                | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                   | Number Street           |                   |                      | To                           | Number Street                |                | From<br>To                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                   | Buffalo Grove           | Illinois          | 60089                | ·                            |                              | Zio Co         | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                   |                         |                   | 60089<br>Zip Code    | ·                            | City State                   | e Zip Co       | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                   | Buffalo Grove           | Illinois          |                      | ·                            |                              | : Zip Co       | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                   | Buffalo Grove           | Illinois<br>State |                      | To                           | City State                   | Zip Co         | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                   | Buffalo Grove<br>City   | Illinois<br>State |                      | To                           | City State  Same as Debtor 1 | z Zip Cc       | To To                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                   | Buffalo Grove<br>City   | Illinois<br>State |                      | To                           | City State  Same as Debtor 1 |                | To |

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1.

| F   | id you have any income from employment<br>Il in the total amount of income you received f<br>ctivities. If you are filing a joint case and you ha | rom all jobs and all businesses,                                                     | , including part-time                                            |                                                        |                                                                           |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------|
|     | No Yes. Fill in the details.                                                                                                                      | , ,                                                                                  | •                                                                |                                                        |                                                                           |
|     |                                                                                                                                                   | Debtor 1                                                                             |                                                                  | Debtor 2                                               |                                                                           |
|     |                                                                                                                                                   | Sources of income<br>Check all that apply.                                           | Gross income<br>(before deductions and<br>exclusions)            | Sources of income<br>Check all that apply.             | Gross income<br>(before deductions and<br>exclusions)                     |
|     | From January 1 of current year until the date you filed for bankruptcy:                                                                           | Wages, commissions, bonuses, tips Operating a business                               | \$1434.44                                                        | Wages, commissions, bonuses, tips Operating a business |                                                                           |
|     | For last calendar year: (January 1 to December 31,                                                                                                | <ul><li>✓ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul> | \$12910.76                                                       | Wages, commissions, bonuses, tips Operating a business |                                                                           |
|     | For the calendar year before that: (January 1 to December 31, 2014 ) YYYY                                                                         | ✓ Wages, commissions, bonuses, tips ✓ Operating a business                           | \$18935.00                                                       | Wages, commissions, bonuses, tips Operating a business |                                                                           |
| Lis | t each source and the gross income from eac  No Yes. Fill in the details.                                                                         | h source separately. Do not inc                                                      | lude income that you listed ir                                   | n line 4.                                              |                                                                           |
|     |                                                                                                                                                   | Debtor 1                                                                             |                                                                  | Debtor 2                                               |                                                                           |
|     |                                                                                                                                                   | Sources of income<br>Describe below.                                                 | Gross income from each source (before deductions and exclusions) | Sources of income<br>Describe below.                   | Gross income from<br>each source<br>(before deductions and<br>exclusions) |
|     | From January 1 of current year until the date you filed for bankruptcy:                                                                           | LINK                                                                                 | \$548.00                                                         |                                                        |                                                                           |
|     | For last calendar year: (January 1 to December 31,                                                                                                | LINK                                                                                 | \$6804.00                                                        |                                                        |                                                                           |
|     | For the calendar year before that: (January 1 to December 31,                                                                                     | LINK                                                                                 | 3840.00                                                          |                                                        |                                                                           |
|     |                                                                                                                                                   |                                                                                      |                                                                  |                                                        |                                                                           |

Debtor 1 TilmekaCase 16-03571 First Name Filed 02405/16 Entered 02/05/16 (1/6:07:38 Desc Main Doc 1

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Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

| Are eith | er Debtor 1's o  | r Debtor 2's o                  | lebts primarily con                      | sumer debts?                |                                                                                            |                              |                               |
|----------|------------------|---------------------------------|------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------|------------------------------|-------------------------------|
| No.      |                  |                                 | or 2 has primarily c<br>sehold purpose." | onsumer debts. Cons         | sumer debts are defined in 1                                                               | 1 U.S.C. § 101(8) as "incurr | ed by an individual primarily |
|          | During the 90 o  | days before yo                  | u filed for bankruptcy,                  | did you pay any credito     | or a total of \$6,225* or more?                                                            | >                            |                               |
|          | No. Go to        | line 7.                         |                                          |                             |                                                                                            |                              |                               |
|          | tota             | l amount you բ                  | paid that creditor. Do                   | not include payments fo     | more in one or more payme<br>or domestic support obligatio<br>attorney for this bankruptcy | ons, such as                 |                               |
|          | * Subject to adj | ustment on 4/0                  | 01/16 and every 3 yea                    | ars after that for cases fi | iled on or after the date of ac                                                            | djustment.                   |                               |
| ✓ Yes.   | . Debtor 1 or D  | ebtor 2 or bo                   | th have primarily o                      | onsumer debts.              |                                                                                            |                              |                               |
| _        | During the 90 c  | days before yo                  | u filed for bankruptcy,                  | did you pay any credito     | or a total of \$600 or more?                                                               |                              |                               |
|          | No. Go to        |                                 | , i i i i i i i i i i i i i i i i i i i  | , , ,                       | , , , , , , , , , , , , , , , , , , ,                                                      |                              |                               |
|          | Yes. List        | below each cr<br>creditor. Do n | ot include payments                      |                             | ore and the total amount you<br>oligations, such as child sup<br>ankruptcy case.           | •                            |                               |
|          |                  |                                 |                                          | Dates of payment            | Total amount paid                                                                          | Amount you still owe         | Was this payment for          |
|          | editor's Name    |                                 |                                          |                             | -                                                                                          |                              | Mortgage Car Credit card      |
| _        |                  |                                 |                                          |                             |                                                                                            |                              | Loan repayment  Suppliers or  |
| Cit      | ty               | State                           | Zip Code                                 |                             |                                                                                            |                              | vendors  Other                |
| Cr       | editor's Name    |                                 |                                          |                             |                                                                                            |                              | ─                             |
| Nu       | ımber Street     |                                 |                                          |                             |                                                                                            |                              | Credit card Loan repayment    |
| Cit      | ty               | State                           | Zip Code                                 |                             |                                                                                            |                              | Suppliers or vendors          |
|          |                  |                                 |                                          |                             |                                                                                            |                              | Other                         |
| Cr       | editor's Name    |                                 |                                          |                             |                                                                                            |                              | ─                             |
| Nu       | ımber Street     |                                 |                                          |                             |                                                                                            |                              | Credit card                   |
| _        |                  |                                 |                                          |                             |                                                                                            |                              | Loan repayment                |
| Cit      | h.               | State                           | Zip Code                                 |                             |                                                                                            |                              | Suppliers or vendors          |
| CII      | ıy               | Siale                           | Zip Code                                 |                             |                                                                                            |                              | Other                         |

Tilmeka Case 16-03571 Doc 1 Filed 02k05k16 Entered 02k05k16 16607:38 Desc Main Debtor 1 Document Page 41 of 66 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Include creditor's name Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code

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First Name Documername Documername Page 42 of 66

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

|   | such matters, includ                     | filed for bankruptcy, we |          |                                    |                     |         |          | stody modi | fications, and contract |
|---|------------------------------------------|--------------------------|----------|------------------------------------|---------------------|---------|----------|------------|-------------------------|
|   | lo<br>es. Fill in the details.           |                          |          |                                    |                     |         |          |            |                         |
|   |                                          |                          | Nature o | of the case                        | Court or age        | ency    |          | Status     | of the case             |
|   | Case title                               |                          |          |                                    |                     |         |          | Pei        | nding                   |
|   |                                          |                          |          |                                    | Court Name          |         |          | On         | appeal                  |
|   | Case number                              |                          |          |                                    | Number Stree        | ot .    |          | -          | ncluded                 |
|   |                                          |                          |          |                                    | Number Street       | El      |          |            |                         |
|   |                                          |                          |          |                                    | City                | State   | Zip Code | =          |                         |
|   | Case title                               |                          |          |                                    |                     |         |          | Pei        | nding                   |
|   |                                          |                          |          |                                    | Court Name          |         |          | -   On     | appeal                  |
|   | Case number                              |                          |          |                                    |                     |         |          |            | ncluded                 |
|   |                                          |                          |          |                                    | Number Stree        | et      |          | ш.         |                         |
|   |                                          |                          |          |                                    | City                | State   | Zip Code | _          |                         |
| ă | Yes. Fill in the inform  Creditor's Name | ation below.             |          | Describe the proper                |                     |         | Date     |            | Value of the property   |
|   | Number Street                            |                          |          |                                    |                     |         |          |            |                         |
|   |                                          |                          |          | Property was rep                   |                     |         |          |            |                         |
|   | City                                     | State Zip Co             | ode      | Property was fore Property was gar |                     |         |          |            |                         |
|   |                                          |                          |          | Property was atta                  |                     | levied. |          |            |                         |
|   |                                          |                          |          | Describe the proper                |                     |         | Date     |            | Value of the property   |
|   | One disease No. 11                       |                          |          |                                    |                     |         |          |            |                         |
|   | Creditor's Name                          |                          |          | Evalois what have                  |                     |         |          |            |                         |
|   |                                          |                          |          | Explain what happe                 | neu                 |         |          |            |                         |
|   | Number Street                            |                          |          |                                    |                     |         |          |            |                         |
|   |                                          |                          |          | Property was rep                   |                     |         |          |            |                         |
|   | City                                     | State Zip Co             | ode      | Property was fore                  |                     |         |          |            |                         |
|   |                                          |                          |          | Property was gar                   |                     | loviod  |          |            |                         |
|   |                                          |                          |          | Property was atta                  | ıcı iea, seizea, or | ieviea. |          |            |                         |

| Deb  | tor 1    |                                                                                                                                        | <u>d 024<b>05/1</b>.6   Entered</u>                         | 38 Desc                  | Main                    |
|------|----------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------|-------------------------|
| 11.  | acco     | nin 90 days before you filed for bankruptcy, did any obunts or refuse to make a payment because you owe  No  Yes. Fill in the details. | creditor, including a bank or financial institution, set of | if any amounts fr        | om your                 |
|      |          | red. I ill ill the detaile.                                                                                                            | Describe the action the creditor took                       | Date action was taken    | Amount                  |
|      |          | Creditor's Name                                                                                                                        |                                                             |                          |                         |
|      |          | Number Street  City State Zip Code                                                                                                     | Last 4 digits of account number: XXXX-                      |                          |                         |
| 12.  |          |                                                                                                                                        | f your property in the possession of an assignee for the    | e benefit of credi       | tors, a court-appointed |
|      |          | No<br>Yes                                                                                                                              |                                                             |                          |                         |
| Part | 5: I     | ist Certain Gifts and Contributions                                                                                                    |                                                             |                          |                         |
| 13.  | Wit      | hin 2 years before you filed for bankruptcy, did you                                                                                   | give any gifts with a total value of more than \$600 per p  | person?                  |                         |
|      | <b>✓</b> | No                                                                                                                                     |                                                             |                          |                         |
|      | Ш        | Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person                                        | Describe the gifts                                          | Dates you gave the gifts | Value                   |
|      |          | Person to Whom You Gave the Gift                                                                                                       |                                                             |                          |                         |
|      |          | Number Street                                                                                                                          |                                                             |                          |                         |
|      |          | City State Zip Code  Person's relationship to you                                                                                      |                                                             |                          |                         |
|      |          | Person to Whom You Gave the Gift                                                                                                       |                                                             |                          |                         |
|      |          | Number Street                                                                                                                          |                                                             |                          |                         |
|      |          | City State Zip Code  Person's relationship to you                                                                                      |                                                             |                          |                         |
|      |          |                                                                                                                                        |                                                             |                          |                         |

|      |              | FIRST Name                                       | Middle Name Do                                                | ocument Page 44 of 66                                                                                           |                                   |                        |
|------|--------------|--------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------|
| 14.  | With         | nin 2 years before you fi                        |                                                               | give any gifts or contributions with a total value of more                                                      | e than \$600 to an                | y charity?             |
|      |              | No<br>Yes. Fill in the details for               | each gift or contribution.                                    |                                                                                                                 |                                   |                        |
|      |              | Gifts with a total value per person              | of more than \$600                                            | Describe the gifts                                                                                              | Dates you gave the gifts          | Value                  |
|      |              | Charity's Name                                   |                                                               |                                                                                                                 |                                   |                        |
|      |              |                                                  |                                                               |                                                                                                                 |                                   |                        |
|      |              | Number Street                                    | 7. 0. 1.                                                      |                                                                                                                 |                                   |                        |
| Part | 6: I         | City Sta                                         | ·                                                             |                                                                                                                 |                                   |                        |
| 15.  | With         | in 1 year before you file                        |                                                               | ou filed for bankruptcy, did you lose anything because o                                                        | of theft, fire, othe              | r disaster, or         |
|      | _            | <b>bling?</b><br>No                              |                                                               |                                                                                                                 |                                   |                        |
|      |              | Yes. Fill in the details.  Describe the property | you lost and                                                  | Describe any insurance coverage for the loss                                                                    | Date of your                      | Value of property lost |
|      |              | how the loss occurred                            | -                                                             | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | loss                              | value of property lost |
|      |              |                                                  |                                                               | incurance stainte of time so si consequence (2.17 openy.                                                        |                                   |                        |
| Part | 7· I         | _ist Certain Paymer                              | nte or Transfers                                              |                                                                                                                 |                                   |                        |
|      | With<br>seek | in 1 year before you file                        | ed for bankruptcy, did you or<br>aring a bankruptcy petition? |                                                                                                                 |                                   | ne you consulted about |
|      |              | de any attorneys, bankrup<br>No                  | otcy petition preparers, or credi                             | t counseling agencies for services required in your bankruptc                                                   | ry.                               |                        |
|      | <b>✓</b>     | Yes. Fill in the details.                        |                                                               |                                                                                                                 |                                   |                        |
|      |              |                                                  |                                                               | Description and value of any property transferred                                                               | Date payment or transfer was made | Amount of payment      |
|      |              | Semrad Law Firm                                  |                                                               | Semrad Law Firm                                                                                                 | 2/5/2016                          | \$0.00                 |
|      |              | Person Who Was Paid<br>20 South Clark Street 28  | th Floor                                                      | -0.00                                                                                                           |                                   |                        |
|      |              | Number Street                                    |                                                               |                                                                                                                 |                                   |                        |
|      |              | Chicago Illir                                    | nois 60606                                                    |                                                                                                                 |                                   |                        |
|      |              | City Sta                                         | ate Zip Code                                                  |                                                                                                                 |                                   |                        |
|      |              | Email or website address                         | S                                                             |                                                                                                                 |                                   |                        |
|      |              | Person Who Made the Pa                           | ayment, if Not You                                            |                                                                                                                 | 1                                 |                        |
|      |              | Person Who Was Paid                              |                                                               |                                                                                                                 |                                   |                        |
|      |              | Number Street                                    |                                                               |                                                                                                                 |                                   |                        |
|      |              | City Sta                                         | ate Zip Code                                                  |                                                                                                                 |                                   |                        |
|      |              | Email or website address                         | s                                                             |                                                                                                                 |                                   |                        |
|      |              | Person Who Made the Pa                           | ayment, if Not You                                            |                                                                                                                 |                                   |                        |

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|                                        | First Name M                                                                                                             | liddle Name   | Document Page 45 €                    | of 66                      |                                   |           |               |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------|----------------------------|-----------------------------------|-----------|---------------|
| you                                    | thin 1 year before you filed for bank<br>I deal with your creditors or to mak<br>not include any payment or transfer the | e payments to |                                       | nalf pay or transfer any p | property to anyor                 | ne who pi | romised to he |
| <b>✓</b>                               | No<br>Yes. Fill in the details.                                                                                          |               |                                       |                            |                                   |           |               |
|                                        |                                                                                                                          |               | Description and value of any p        | property transferred       | Date payment or transfer was made | Amoun     | t of payment  |
|                                        | Person Who Was Paid                                                                                                      |               |                                       |                            |                                   |           |               |
|                                        | Number Street                                                                                                            |               |                                       |                            |                                   |           |               |
|                                        | City State                                                                                                               | Zip Code      |                                       |                            |                                   |           |               |
| <b>✓</b>                               | sfers that you have already listed on the No Yes. Fill in the details.                                                   |               | Description and value of any          |                            | property or paym                  |           | Date transfe  |
|                                        |                                                                                                                          |               | property transferred                  | received or de             | ebts paid in exch                 | ange      | was made      |
|                                        | Person Who Received Transfer                                                                                             |               |                                       |                            |                                   |           |               |
|                                        | Number Street                                                                                                            |               |                                       |                            |                                   |           |               |
|                                        | City State<br>Person's relationship to you                                                                               | Zip Code      |                                       |                            |                                   |           |               |
|                                        | Person Who Received Transfer                                                                                             |               |                                       |                            |                                   |           |               |
|                                        | Number Street                                                                                                            |               |                                       |                            |                                   |           |               |
|                                        | City State<br>Person's relationship to you                                                                               | Zip Code      |                                       |                            |                                   |           |               |
|                                        | thin 10 years before you filed for ba                                                                                    |               | you transfer any property to a self-s | ettled trust or similar de | evice of which yo                 | u are a b | eneficiary?   |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | No Yes. Fill in the details.                                                                                             | devices.)     |                                       |                            |                                   |           |               |
| Ш                                      | res. I ili ili tile details.                                                                                             |               | Description and value of the          | property transferred       |                                   |           | Date transfe  |
|                                        |                                                                                                                          |               |                                       |                            |                                   |           |               |
|                                        | Name of trust                                                                                                            |               |                                       |                            |                                   |           |               |

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Debtor 1 Tilmek Case 16-03571 First Name 
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 Documental Transport
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 Doc 1

| art | 3: L     | ist Certain Fin                | ancial Acc     | ounts, Instru        | ıments, Safe Depo             | sit Boxes, and S     | Storage Units              |                                                               |                                               |
|-----|----------|--------------------------------|----------------|----------------------|-------------------------------|----------------------|----------------------------|---------------------------------------------------------------|-----------------------------------------------|
|     | or tra   | ansferred?                     | s, money mark  | et, or other finance | cial accounts; certificates   |                      | I in your name, or for you |                                                               |                                               |
|     |          | No<br>Yes. Fill in the detail: | s.             |                      |                               |                      |                            |                                                               |                                               |
|     |          |                                |                |                      | Last 4 digits of ac<br>number |                      | of account or<br>ument     | Date account<br>was closed,<br>sold, moved,<br>or transferred | Last balance<br>before closing<br>or transfer |
|     |          | PNC Bank                       |                |                      | — XXXX-                       | <b>☑</b> c           | checking                   | 10/15/2015                                                    | \$ 0.65                                       |
|     |          | Person Who Was Pa              | aid            |                      |                               |                      | avings                     | . 6/ 10/2010                                                  |                                               |
|     |          | PO Box 15019                   |                |                      |                               | =                    | loney market               |                                                               |                                               |
|     |          | Number Street                  |                |                      |                               | =                    |                            |                                                               |                                               |
|     |          | Wilmington                     | Delaware       | 19850                |                               |                      | rokerage                   |                                                               |                                               |
|     |          | City                           | State          | Zip Code             |                               | шч                   | Other                      |                                                               |                                               |
|     |          | Person Who Was Pa              | oid            |                      | — XXXX-                       |                      | hecking                    |                                                               |                                               |
|     |          | Person who was Pa              | alu            |                      |                               | s                    | avings                     |                                                               |                                               |
|     |          | Number Street                  |                |                      |                               | $\square$            | loney market               |                                                               |                                               |
|     |          |                                |                |                      |                               |                      | rokerage                   |                                                               |                                               |
|     |          | City                           | State          | Zip Code             |                               |                      | Other                      |                                                               |                                               |
|     |          | Oity                           | Olulo          | Zip Code             |                               | <u></u>              | 74101                      |                                                               |                                               |
| 1.  | Do y     | ou now have, or di             | d you have w   | rithin 1 year bef    | ore you filed for bankru      | ptcy, any safe depo  | sit box or other deposit   | ory for securities,                                           | cash, or other                                |
|     | valua    | ables?                         |                |                      |                               |                      |                            |                                                               |                                               |
|     | <b>7</b> | No                             |                |                      |                               |                      |                            |                                                               |                                               |
|     | Ħ,       | Yes. Fill in the detail:       | S.             |                      |                               |                      |                            |                                                               |                                               |
|     | _        |                                |                |                      | Who else had access           | to it?               | Describe the conten        | nts                                                           | Do you still                                  |
|     |          |                                |                |                      | Title olde flad access        |                      | Documbo and domest         |                                                               | have it?                                      |
|     |          |                                |                |                      |                               |                      |                            |                                                               | _                                             |
|     |          | Name of Financial I            | Institution    |                      | Name                          |                      | _                          |                                                               | ☐ No                                          |
|     |          |                                |                |                      | N                             |                      | _                          |                                                               | Yes                                           |
|     |          | Number Street                  |                |                      | Number Street                 |                      |                            |                                                               |                                               |
|     |          | City                           | State          | Zip Code             | City State                    | Zip Code             | _                          |                                                               |                                               |
|     |          |                                |                |                      |                               |                      |                            |                                                               |                                               |
| 2.  | Have     | you stored proper              | rty in a stora | ge unit or place     | other than your home          | within 1 year before | you filed for bankrupto    | y?                                                            |                                               |
|     | <b>7</b> | No                             |                |                      |                               |                      |                            |                                                               |                                               |
|     |          | Yes. Fill in the details       | S.             |                      |                               |                      |                            |                                                               |                                               |
|     |          |                                |                |                      | Who else had access           | to it?               | Describe the conten        | nts                                                           | Do you still                                  |
|     |          |                                |                |                      | 0130 Had a00633               | to n.                | Describe the conten        |                                                               | have it?                                      |
|     |          |                                |                |                      |                               |                      |                            |                                                               |                                               |
|     |          | Name of Storage F              | acility        |                      | Name                          |                      | _                          |                                                               | ☐ No                                          |
|     |          |                                |                |                      |                               |                      |                            |                                                               | Yes                                           |

Number Street

State

City

Number

City

Zip Code

Street

State

Zip Code

| 'art  |       | dentify Property You Hold or Contro                                                                                                                               | ol for Some                             | one Else                               |                   |                                                                       |                  |
|-------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|-------------------|-----------------------------------------------------------------------|------------------|
| 23.   | Do y  | ou hold or control any property that someon                                                                                                                       |                                         |                                        | operty you borro  | owed from, are storing for, or hold in tr                             | ust for someone. |
|       |       | Yes. Fill in the details.                                                                                                                                         |                                         |                                        |                   |                                                                       |                  |
|       |       |                                                                                                                                                                   | Where is t                              | the property?                          |                   | Describe the contents                                                 | Value            |
|       |       | Owner's Name                                                                                                                                                      | No contra a Co                          | tu t                                   |                   | _                                                                     |                  |
|       |       | Owners name                                                                                                                                                       | Number S                                | ıreeı                                  |                   |                                                                       |                  |
|       |       | Number Street                                                                                                                                                     | City                                    | State                                  | Zip Code          | -                                                                     |                  |
|       |       |                                                                                                                                                                   | _                                       |                                        |                   |                                                                       |                  |
|       |       | City State Zip Code                                                                                                                                               |                                         |                                        |                   |                                                                       |                  |
| art   | 10:   | Give Details About Environmental l                                                                                                                                | nformation                              |                                        |                   |                                                                       |                  |
| For ' | the n | urpose of Part 10, the following definitions apply:                                                                                                               |                                         |                                        |                   |                                                                       |                  |
|       | ha    | nvironmental law means any federal, state, or local<br>azardous or toxic substances, wastes, or material<br>cluding statutes or regulations controlling the clear | into the air, lan                       | d, soil, surface w                     | ater, groundwater |                                                                       |                  |
|       |       | ite means any location, facility, or property as definused to own, operate, or utilize it, including dispose                                                      | -                                       | nvironmental law                       | , whether you now | v own, operate, or utilize it                                         |                  |
|       | ■ Ha  | azardous material means anything an environmen                                                                                                                    | tal law defines                         | as a hazardous v                       | vaste, hazardous  | substance,                                                            |                  |
|       | to    | xic substance, hazardous material, pollutant, cont                                                                                                                | aminant, or sin                         | nilar term.                            |                   |                                                                       |                  |
| 24.   | _     | any governmental unit notified you that you                                                                                                                       | may be liable                           | or potentially li                      |                   |                                                                       |                  |
|       |       | No<br>Yes. Fill in the details.                                                                                                                                   | Cavarama                                | andali4                                | able under or in  |                                                                       | Date of metion   |
|       |       |                                                                                                                                                                   | Governme                                | ental unit                             | able under or in  | violation of an environmental law?  Environmental law, if you know it | Date of notice   |
|       |       |                                                                                                                                                                   | Governmen                               |                                        | able under or in  |                                                                       | Date of notice   |
|       |       | Yes. Fill in the details.  Name of site                                                                                                                           | Governmer                               | ntal unit                              | able under or in  |                                                                       | Date of notice   |
|       |       | Yes. Fill in the details.                                                                                                                                         | _                                       | ntal unit                              | able under or in  |                                                                       | Date of notice   |
|       |       | Yes. Fill in the details.  Name of site                                                                                                                           | Governmer                               | ntal unit                              | able under or in  |                                                                       | Date of notice   |
| 25.   |       | Yes. Fill in the details.  Name of site  Number Street                                                                                                            | Governmer  Number St                    | ntal unit<br>treet<br>State            | Zip Code          |                                                                       | Date of notice   |
| 25.   | Have  | Yes. Fill in the details.  Name of site  Number Street  City State Zip Code                                                                                       | Governmer  Number St                    | ntal unit<br>treet<br>State            | Zip Code          |                                                                       | Date of notice   |
| 25.   | Have  | Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  e you notified any governmental unit of any r                                        | Governmer  Number St                    | treet State ardous material            | Zip Code          |                                                                       |                  |
| 25.   | Have  | Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  e you notified any governmental unit of any r                                        | Governmer Number Si City elease of haza | treet State ardous material            | Zip Code          | Environmental law, if you know it                                     |                  |
| 25.   | Have  | Name of site  Number Street  City State Zip Code  e you notified any governmental unit of any r  No  Yes. Fill in the details.                                    | Government  City  elease of haza        | state State ardous material ental unit | Zip Code          | Environmental law, if you know it                                     | Date of notice   |

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| Debt | or 1     | TilmekaCase 16-0357 First Name  | 71 Doc 1 I                | Filed 02#05/116<br>Document P  | <u>Entered</u>        | h16/16i07: <u>38</u>    | Desc Main                                               |
|------|----------|---------------------------------|---------------------------|--------------------------------|-----------------------|-------------------------|---------------------------------------------------------|
| 26.  | Hav      | e you been a party in any ju    | idicial or administra     | tive proceeding under ar       | ny environmental law  | ? Include settlements a | and orders.                                             |
|      | <b>✓</b> | No                              |                           |                                |                       |                         |                                                         |
|      |          | Yes. Fill in the details.       |                           | Court or organiza              |                       | Nature of the sees      | Status of the                                           |
|      |          |                                 |                           | Court or agency                |                       | Nature of the case      | Status of the case                                      |
|      |          | Case title                      |                           |                                |                       |                         | Pending                                                 |
|      |          |                                 |                           | Court Name                     |                       |                         | On appeal                                               |
|      |          |                                 |                           | Number Street                  |                       |                         | Concluded                                               |
|      |          | Case number                     |                           | City State                     | Zip Code              |                         |                                                         |
| Part | 11.      | Give Details About Yo           | ur Rusiness or            |                                | •                     |                         |                                                         |
|      |          |                                 |                           |                                |                       |                         |                                                         |
| 27.  | With     | nin 4 years before you filed    | for bankruptcy, did       | you own a business or h        | ave any of the follow | ing connections to any  | business?                                               |
|      |          |                                 |                           | profession, or other activity, | •                     | time                    |                                                         |
|      |          | A member of a limited lia       |                           | or limited liability partnersh | nip (LLP)             |                         |                                                         |
|      |          | An officer, director, or ma     |                           | a corporation                  |                       |                         |                                                         |
|      |          | An owner of at least 5%         | of the voting or equity   | securities of a corporation    |                       |                         |                                                         |
|      |          | No. None of the above applies   |                           | . hala fan aaale leveisaaa     |                       |                         |                                                         |
|      | Ц        | Yes. Check all that apply above | e and fill in the details |                                | re of the business    | Employer Ide            | ntification number Do not                               |
|      |          |                                 |                           |                                |                       |                         | Security number or ITIN.                                |
|      |          | Business Name                   |                           |                                |                       | EIN:                    |                                                         |
|      |          | Number Street                   |                           |                                |                       | Dates busines           | ss existed                                              |
|      |          |                                 |                           | Name of accounta               | ant or bookkeeper     |                         |                                                         |
|      |          | City State                      | Zip Code                  |                                |                       | From                    | To                                                      |
|      |          |                                 |                           |                                |                       |                         |                                                         |
|      |          |                                 |                           | Describe the natu              | re of the business    |                         | ntification number Do not<br>I Security number or ITIN. |
|      |          | Business Name                   |                           |                                |                       | EIN:                    |                                                         |
|      |          | Number Street                   |                           |                                |                       | Dates busines           | ss existed                                              |
|      |          |                                 |                           | Name of accounta               | ant or bookkeeper     |                         |                                                         |
|      |          | City State                      | Zip Code                  |                                |                       | From                    | То                                                      |
|      |          |                                 |                           |                                |                       |                         |                                                         |
|      |          |                                 |                           | Describe the natu              | re of the business    |                         | ntification number Do not                               |
|      |          |                                 |                           |                                |                       |                         | Security number or ITIN.                                |
|      |          | Business Name                   |                           |                                |                       | EIN:                    |                                                         |
|      |          | Number Street                   |                           | Name of accounts               | ant or bookkeeper     | Dates busines           | ss existed                                              |
|      |          | City State                      | Zip Code                  |                                |                       | From                    | To                                                      |
|      |          | ,                               | ,                         |                                |                       |                         | <del></del>                                             |
|      |          |                                 |                           |                                |                       |                         |                                                         |

| Debtor 1 |                                                               |                                                      |                              | <u>ered</u>                                                                                                   | Desc Main                         |
|----------|---------------------------------------------------------------|------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------|
|          | First Name                                                    | Middle Name Do                                       | ocumetrit <sup>me</sup> Page | 49 of 66                                                                                                      |                                   |
|          | thin 2 years before you filed fo<br>ditors, or other parties. | or bankruptcy, did you ç                             | give a financial statement   | to anyone about your business? In                                                                             | clude all financial institutions, |
| <b>✓</b> | No Yes. Fill in the details below.                            |                                                      |                              |                                                                                                               |                                   |
|          | res. I ill ill the details below.                             |                                                      | Date issued                  |                                                                                                               |                                   |
|          | Name                                                          |                                                      | MM/DD/YYYY                   |                                                                                                               |                                   |
|          | Number Street                                                 |                                                      | =                            |                                                                                                               |                                   |
|          | City State                                                    | Zip Code                                             | _                            |                                                                                                               |                                   |
| Part 12: | Sign Below                                                    |                                                      |                              |                                                                                                               |                                   |
| and      | correct. I understand that ma                                 | king a false statement,<br>s up to \$250,000, or imp | concealing property, or o    | s, and I declare under penalty of pe btaining money or property by frau ars, or both. 18 U.S.C. §§ 152, 1341, | d in connection with a            |
|          | Signature of Debt                                             | tor 1                                                |                              | Signature of Debtor 2                                                                                         |                                   |
|          | Date 2/5/2016                                                 |                                                      |                              | Date                                                                                                          |                                   |
| _        | you attach additional pages t<br>No                           | o Your Statement of Fir                              | nancial Affairs for Individ  | uals Filing for Bankruptcy (Official                                                                          | Form 107)?                        |
|          |                                                               |                                                      |                              |                                                                                                               |                                   |
|          | Yes                                                           |                                                      |                              |                                                                                                               |                                   |
| Did      | you pay or agree to pay some                                  | one who is not an attor                              | ney to help you fill out ba  | nkruptcy forms?                                                                                               |                                   |
|          |                                                               | one who is not an attor                              | ney to help you fill out ba  | nkruptcy forms?                                                                                               |                                   |

|                                                                     | Case 16-0357                                                                                              | 1 Doc 1 Filed                                                                              | 02/05/16 5                                     | Entered 02/05/16 16:07:                                                                                        | :38 Desc Main                      |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------|
| Fill in this informa                                                | ation to identify your cas                                                                                |                                                                                            | UZ/U3/10 F                                     | -Meren 02/05/10 10.07.                                                                                         | .30 Desc Main                      |
| Debtor 1                                                            | Tilmeka                                                                                                   |                                                                                            | Robbins                                        |                                                                                                                |                                    |
| Debtor 2                                                            | First Name                                                                                                | Middle Name                                                                                | Last Nam                                       | e                                                                                                              |                                    |
| (Spouse, if filing)                                                 | First Name                                                                                                | Middle Name                                                                                | Last Nam                                       | e                                                                                                              |                                    |
| United States Ba                                                    | inkruptcy Court for the:                                                                                  | Northern                                                                                   | District of Illinoi                            |                                                                                                                |                                    |
| Case number (If known)                                              |                                                                                                           |                                                                                            | (Stati                                         | <del>=)</del>                                                                                                  |                                    |
| Official F                                                          | orm 108                                                                                                   |                                                                                            |                                                |                                                                                                                | Check if this is an amended filing |
| Stateme                                                             | nt of Intenti                                                                                             | on for Individ                                                                             | uals Filing                                    | g Under Chapter 7                                                                                              | 12/15                              |
| ■ creditors have you have lease You must file thin whichever is ear | e claims secured by you<br>sed personal property a<br>s form with the court w<br>lier, unless the court e | and the lease has not expir<br>within 30 days after you file<br>xtends the time for cause. | red.<br>e your bankruptcy<br>You must also ser | petition or by the date set for the land copies to the creditors and less le for supplying correct information | sors you list on the form.         |
| Both debtors m                                                      | ust sign and date the                                                                                     | form.                                                                                      |                                                |                                                                                                                |                                    |

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that Did you claim the property secures a debt? as exempt on Schedule C? No. Creditor's Surrender the property. name: CORP AM FCU Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Dodge, Charger | Value: \$6,190.00 Retain the property and [explain]: Creditor's Surrender the property. No. name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: Surrender the property. No. Creditor's name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: No. Creditor's Surrender the property. name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]:

| Debtor Tilmeka Case 16-03571 Doc 1 Filed 02/05/16 Entered 02/05/16  1 First Name Middle Name Document Page 51 of 66 known)                                                                                                                                                                                                                                               | 116:07:38 Desc Main                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Part 2: List Your Unexpired Personal Property Leases  For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpinformation below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the leasunexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). |                                              |
| Describe your unexpired personal property leases                                                                                                                                                                                                                                                                                                                         | Will the lease be assumed?                   |
| Lessor's name: Vera Iverson                                                                                                                                                                                                                                                                                                                                              | ☐ No<br>✓ Yes                                |
| Description of leased property: Residential Lease                                                                                                                                                                                                                                                                                                                        |                                              |
| Lessor's name:                                                                                                                                                                                                                                                                                                                                                           | ☐ No<br>☐ Yes                                |
| Description of leased property:                                                                                                                                                                                                                                                                                                                                          |                                              |
| Lessor's name:                                                                                                                                                                                                                                                                                                                                                           | ☐ No<br>☐ Yes                                |
| Description of leased property:                                                                                                                                                                                                                                                                                                                                          |                                              |
| Lessor's name:                                                                                                                                                                                                                                                                                                                                                           | ☐ No<br>☐ Yes                                |
| Description of leased property:                                                                                                                                                                                                                                                                                                                                          |                                              |
| Lessor's name:                                                                                                                                                                                                                                                                                                                                                           | ☐ No<br>☐ Yes                                |
| Description of leased property:                                                                                                                                                                                                                                                                                                                                          |                                              |
| Lessor's name:                                                                                                                                                                                                                                                                                                                                                           | ☐ No<br>☐ Yes                                |
| Description of leased property:                                                                                                                                                                                                                                                                                                                                          |                                              |
| Lessor's name:                                                                                                                                                                                                                                                                                                                                                           | ☐ No<br>☐ Yes                                |
| Description of leased property:                                                                                                                                                                                                                                                                                                                                          |                                              |
| Part 3: Sign Below                                                                                                                                                                                                                                                                                                                                                       |                                              |
| Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that is subject to an unexpired lease.                                                                                                                                                                                                                            | hat secures a debt and any personal property |
| ✗ /s/ Tilmeka Robbins                                                                                                                                                                                                                                                                                                                                                    |                                              |

| 🗴 /s/ Tilmeka Robbins              | ×                     |
|------------------------------------|-----------------------|
| Signature of Debtor 1              | Signature of Debtor 1 |
| Date <u>2/5/2016</u><br>MM/DD/YYYY | Date MM/DD/YYYY       |

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### **UNITED STATES BANKRUPTCY COURT**

#### **Northern District of Illinois**

| n re | Tilmeka Robbins                                                                   |                                                                                                                                                        | Case No.             |                                |
|------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------|
| _    | Debtor                                                                            |                                                                                                                                                        |                      | (If known)                     |
|      |                                                                                   |                                                                                                                                                        | Chapter              | Chapter 7                      |
|      | DISCLOSURE O                                                                      | COMPENSATION OF ATTORN                                                                                                                                 | IEY FOR D            | EBTOR                          |
| 1.   |                                                                                   | <ol> <li>2016(b), I certify that I am the attorney for the abovename<br/>or agreed to be paid to me, for services rendered or to be<br/>ws:</li> </ol> |                      |                                |
|      | For legal services, I have agreed to accept                                       |                                                                                                                                                        |                      | \$1,465.00                     |
|      | Prior to the filing of this statement I have receive                              | i                                                                                                                                                      |                      | \$0.00                         |
|      | Balance Due                                                                       |                                                                                                                                                        |                      | \$1,465.00                     |
| 2.   | The source of the compensation paid to me was:  Debtor                            | Other (specify)                                                                                                                                        |                      |                                |
| 3.   | The source of the compensation paid to me is:  Debtor                             | Other (specify)                                                                                                                                        |                      |                                |
| 4.   | I have not agreed to share the above-disclomembers and associates of my law firm. | ed compensation with any other person unless they are                                                                                                  |                      |                                |
|      |                                                                                   | compensation with a other person or persons who are not by of the agreement, together with a list of the names of uttached.                            |                      |                                |
| 5.   |                                                                                   | ed to render legal service for all aspects of the bankruptcy<br>n, and rendering advice to the debtor in determining whetl                             |                      | n in bankruptcy;               |
|      | b. Preparation and filing of any petition, so                                     | nedules, statements of affairs and plan which may be requ                                                                                              | uired;               |                                |
|      | c. Representation of the debtor at the me                                         | ting of creditors and confirmation hearing, and any adjour                                                                                             | ned hearings there   | eof;                           |
| 6.   | . By agreement with the debtor(s), the above-disc                                 | osed fee does not include the following services:                                                                                                      |                      |                                |
|      |                                                                                   |                                                                                                                                                        |                      |                                |
|      |                                                                                   | CERTIFICATION                                                                                                                                          |                      |                                |
|      | I certify that the foregoing is a complete statement eedings.                     | of any agreement or arrangement for payment to me for re                                                                                               | epresentation of the | e debtor(s) in this bankruptcy |
|      | 2/5/2016                                                                          | /s/ Daniel Gia                                                                                                                                         | annola               |                                |
|      | Date                                                                              | Signature of A                                                                                                                                         |                      |                                |
|      |                                                                                   | Semrad Law                                                                                                                                             | v Firm               |                                |
|      |                                                                                   | Name of lav                                                                                                                                            | w firm               |                                |
|      |                                                                                   |                                                                                                                                                        |                      |                                |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### Chapter 7: Liquidation

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

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- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the Means Test —deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

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your income is more than the median income for

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

| + | \$75  | administrative fee |
|---|-------|--------------------|
|   |       |                    |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

## Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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| In re: | Robbins, Tilmeka                                 | Case No                             |                                      |         |
|--------|--------------------------------------------------|-------------------------------------|--------------------------------------|---------|
|        | Debtor(s)                                        |                                     |                                      |         |
|        |                                                  | Chapter.                            | Chapter7                             |         |
|        | VERIFICATIO                                      | N OF CREDITOR MAT                   | RIX                                  |         |
|        | The above named Debtors hereby verify that the a | ttached list of creditors is true a | nd correct to the best of their know | wledge. |
|        |                                                  |                                     |                                      |         |
|        |                                                  |                                     |                                      |         |
| Date:  | 2/5/2016                                         | /s/ Robbins, Tilmek                 | a                                    |         |

Signature of Debtor

CORP AM FCU 2445 ALFT LANE ELGIN , IL 60124

CORP AM FCU 2445 ALFT LANE ELGIN , IL 60124

SPRINGLEAF FINANCIAL S 3632 W 95th St Attn: Bankruptcy Dept. Evergreen park , IL 60805

SYNCB/TJX COS DC PO Box 965005 Orlando , FL 32896

BRCLYSBANKDE PO BOX 26182 WILMINGTON , DE 19899

CAPITAL ONE BANK USA N PO BOX 85520 RICHMOND , VA 23285

SYNCB/WALMAR PO BOX 965024 EL PASO , TX 79998

CAPITAL ONE BANK USA N PO BOX 85520 RICHMOND , VA 23285

WEBBANK/GTN 6250 RIDGEWOOD ROA SAINT CLOUD , MN 56303

CAPITAL ONE BANK USA N PO BOX 85520 RICHMOND , VA 23285

Capital One Po Box 30281 Salt Lake City , UT 84130

CBNA PO Box 6497 Sioux Falls , SD 57117

SYNCB/OLD NAVY PO BOX 965005 ORLANDO, FL 32896

COMENITY BANK/ASHSTWRT PO BOX Columbus , OH 43218

PLS Financial Solutions 947 B E. Sibley Blvd Dolton , IL 60419

#### CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$1465.00 attorney fees plus any necessary postpetition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr. Adding additional bills \$30.00 Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

- 1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments; or
- 1. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign

Tilmeka J Robbins Matter Number 453568-001 Initial: 1/

Rev 7/2015

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the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee of to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

| Date: 02/05/16    |        |
|-------------------|--------|
| Client Dillow Hoy | Client |

Tilmeka J Robbins Matter Number 453568-001

Initial: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Desc Main                                                                                                                     |
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| 16a. Are your debts primas "incurred by an incurred by Yes. Go to line 17.  16b. Are your debts primobtain money for a buinvestment.  □ No. Go to line 16. □ Yes. Go to line 17.                                                                                                   | narily consumer debts? Consumer dividual primarily for a personal, it b.  7.  narily business debts? Business usiness or investment or through c.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | family, or househo<br>s <i>debts</i> are debts to<br>the operation of th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ld purpose."  hat you incurred to ne business or                                                                              |
| Yes. I am filing under Chapte                                                                                                                                                                                                                                                                                                                  | er 7. Do you estimate that after any exempt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | t property is excluded ar<br>rs?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nd administrative expenses are                                                                                                |
| <ul><li>✓ 1-49</li><li>☐ 50-99</li><li>☐ 100-199</li><li>☐ 200-999</li></ul>                                                                                                                                                                                                                                                                   | ☐ 1,000-5,000<br>☐ 5,001-10,000<br>☐ 10,001-25,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5,001-50,000<br>0,001-100,000<br>ore than 100,000                                                                             |
| ✓ \$0-\$50,000  ☐ \$50,001-\$100,000  ☐ \$100,001-\$500,000  ☐ \$500,001-\$1 million                                                                                                                                                                                                                                                           | \$10,000,001-\$50 mill<br>\$50,000,001-\$100 m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | lion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 500,000,001-\$1 billion<br>1,000,000,001-\$10 billion<br>10,000,000,001-\$50 billion<br>ore than \$50 billion                 |
| ✓ \$0-\$50,000  ☐ \$50,001-\$100,000  ☐ \$100,001-\$500,000  ☐ \$500,001-\$1 million                                                                                                                                                                                                                                                           | \$10,000,001-\$50 mill \$50,000,001-\$100 mi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | lion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 500,000,001-\$1 billion<br>1,000,000,001-\$10 billion<br>10,000,000,001-\$50 billion<br>ore than \$50 billion                 |
|                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                               |
| and correct.  If I have chosen to file under or 13 of title 11, United State proceed under Chapter 7.  If no attorney represents me fill out this document, I have I request relief in accordance I understand making a false connection with a bankrupte or both. 18 U.S.C. §§ 152, 1  /s/ Tilmeka Robbins Signature of Debtor 1  Executed on | er Chapter 7, I am aware that I makes Code. I understand the relief at eand I did not pay or agree to pake obtained and read the notice rece with the chapter of title 11, Unit statement, concealing property, by case can result in fines up to \$ 341, 1519, and 3571.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ay proceed, if eliginavailable under each ay someone who is quired by 11 U.S.C ted States Code, sor obtaining mone 250,000, or impris                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ble, under Chapter 7, 11,12, ch chapter, and I choose to a not an attorney to help me 5. § 342(b). pecified in this petition. |
|                                                                                                                                                                                                                                                                                                                                                | Iestions for Reporting Pur  16a. Are your debts prim as "incurred by an in No. Go to line 16  ☑ Yes. Go to line 16  ☑ Yes. Go to line 16  ☑ Yes. Go to line 16  ☐ Yes. Go to line 17  16c. State the type of deb  ☐ No. I am not filing under Chapter paid that funds will be a line paid that funds will be a li | Iestions for Reporting Purposes  16a. Are your debts primarily consumer debts? Consumes "incurred by an individual primarily for a personal, No. Go to line 16b.  ☑ Yes. Go to line 17.  16b. Are your debts primarily business debts? Business obtain money for a business or investment or through investment.  ☐ No. Go to line 16c. ☐ Yes. Go to line 17.  16c. State the type of debts you owe that are not consume investment. ☐ No. I am not filing under Chapter 7. Go to line 18.  ☑ Yes. I am filing under Chapter 7. Do you estimate that after any exempt paid that funds will be available to distribute to unsecured credito ☑ No.  t ☐ Yes.  ☑ 1-49 ☐ 1,000-5,000 ☐ 50-99 ☐ 5,001-10,000 ☐ 100-199 ☐ 10,001-25,000 ☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 mill \$500,001-\$10 million ☐ \$100,000,001-\$50 million ☐ \$100,001-\$50 million ☐ \$100,001-\$50 million ☐ \$500,001-\$1 million ☐ \$100,001-\$50 million ☐ \$100,0 | Page 61 of 68 number (Page Name)   Page 61 of 68 number (Page Name)                                                           |

|                                                                    | Case 16-03571               | L Doc 1                           | Filed 02/05/1                                   | 6 Entered                                  | 02/05/16 16:07                                      | ':38 Desc                               | Main                                                |
|--------------------------------------------------------------------|-----------------------------|-----------------------------------|-------------------------------------------------|--------------------------------------------|-----------------------------------------------------|-----------------------------------------|-----------------------------------------------------|
| Fill in this inform                                                | ation to identify your case | :                                 | I VAAIIMAA*                                     |                                            |                                                     |                                         |                                                     |
| Debtor 1                                                           | Tilmeka<br>First Name       | Middle                            |                                                 | obbins<br>st Name                          |                                                     |                                         |                                                     |
| Debtor 2<br>(Spouse, if filing)                                    |                             |                                   |                                                 | st Name                                    |                                                     |                                         |                                                     |
|                                                                    | inkruptcy Court for the:    | Northern                          | District o                                      | of <u>Illinois</u><br>(State)              |                                                     |                                         |                                                     |
| Case number<br>(If known)                                          |                             |                                   |                                                 |                                            |                                                     |                                         |                                                     |
| Official F                                                         | orm 106Dec                  | 2                                 |                                                 |                                            |                                                     |                                         | Check if this is an<br>amended filing               |
| Declarat                                                           | ion About ar                | Individ                           | ual Debtor's                                    | s Schedu                                   | les                                                 |                                         | 12/1:                                               |
| You must file this property by frau- 1519, and 3571.  Part 1: Sign | d in connection with a b    | e bankruptcy so<br>ankruptcy case | chedules or amended<br>e can result in fines up | schedules. Makir<br>to \$250,000, or in    | ng a false statement, co<br>nprisonment for up to 2 | oncealing propert<br>20 years, or both. | y, or obtaining money or<br>18 U.S.C. §§ 152, 1341, |
|                                                                    | y or agree to pay somed     | one who is NOT                    | an attorney to help y                           | ou fill out bankrup                        | otcy forms?                                         |                                         |                                                     |
| hamed<br>market                                                    | ame of person               |                                   |                                                 | tach Bankruptcy Pe<br>gnature (Official Fo | ntition Preparer's Notice,<br>rm 119).              | Declaration, and                        |                                                     |
|                                                                    |                             |                                   |                                                 |                                            |                                                     |                                         |                                                     |

Signature of Debtor 2

MM/DD/YYYY

Date

Signature of Debtor 1

MM/DD/YYYY

Date 2/5/2016

| Debtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Case 16-03                           |             | Filed 02/05/16  | Entered 02/05/16 16:07:38                                     | Desc Main   |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------|-----------------|---------------------------------------------------------------|-------------|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | First Name                           | Middle Name | Documente Nebre | Page 63 of 66                                                 | <b>&gt;</b> |  |  |  |
| 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.                                                                                                                                                                                                                                                                           |                                      |             |                 |                                                               |             |  |  |  |
| Z                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No<br>Yes. Fill in the details below |             |                 |                                                               |             |  |  |  |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                    |             | Date issued     |                                                               |             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |             | MM/DD/YYYY      |                                                               |             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Name                                 |             |                 |                                                               |             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Number Street                        |             |                 |                                                               |             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |             |                 |                                                               |             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | City State                           | e Zip Code  | •               |                                                               |             |  |  |  |
| Part 12:                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Sign Below                           |             |                 |                                                               |             |  |  |  |
| I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.   **STilmeka Robbins** |                                      |             |                 |                                                               |             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Signature of De                      |             |                 | Signature of Debtor 2                                         |             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date 2/5/201                         | 6           |                 | Date                                                          |             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |             |                 |                                                               |             |  |  |  |
| Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?                                                                                                                                                                                                                                                                                                                                |                                      |             |                 |                                                               |             |  |  |  |
| 区                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No                                   |             |                 |                                                               |             |  |  |  |
| L                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes                                  |             |                 |                                                               |             |  |  |  |
| Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?                                                                                                                                                                                                                                                                                                                                                                |                                      |             |                 |                                                               |             |  |  |  |
| 図                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No                                   |             |                 |                                                               |             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes. Name of person                  |             | 2               | Attach the Bankruptcy Petition Declaration, and Signature (Of |             |  |  |  |

Documentins Page 64 of Se number (if Debtor Tilmeka 1 First Name Middle Name Last Name known) List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Will the lease be assumed? Describe your unexpired personal property leases No Lessor's name: Vera Iverson Description of leased property: Residential Lease No Lessor's name: Yes Description of leased property: Nο Lessor's name: Yes Description of leased property: No Lessor's name: Yes Description of leased property: Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. /s/ Tilmeka Robbins Signature of Debtor 1 Signature of Debtor 1 Date 2/5/2016 MM/DD/YYYY MM/DD/YYYY

Case 16-03571

Doc 1

Filed 02/05/16

Entered 02/05/16 16:07:38

Case 16-03571 Doc 1 Filed 02/05/16 Entered 02/05/16 16:07:38 Desc Main UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Robbins, Tilmeka                                                                                                             | Case No                                 |             |  |  |  |  |  |
|--------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------|--|--|--|--|--|
| _      | Debtor(s)                                                                                                                    | 23.00                                   |             |  |  |  |  |  |
|        |                                                                                                                              | Chapter.                                | Chapter7    |  |  |  |  |  |
|        | VERIFICATION OF CREDITOR MATRIX                                                                                              |                                         |             |  |  |  |  |  |
|        | The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge |                                         |             |  |  |  |  |  |
|        |                                                                                                                              |                                         | ,           |  |  |  |  |  |
| Date:  | 2/5/2016                                                                                                                     | /s/ Robbins, Tilmek                     | · D.Robbunb |  |  |  |  |  |
|        |                                                                                                                              | Robbins, Tilmeka<br>Signature of Debtor |             |  |  |  |  |  |

| Debtor 1                           | Case 16                                                                                                    | -03571                                           | Doc 1                          | Filed 02/05/16                                                                                                | Entered                                | 02/05/16           | 16:07:                                | :38 Des                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | c Mair                             | <b>I</b>                                                                                                       |
|------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------|
|                                    | First Name                                                                                                 | h                                                | vliddie Name                   | Document Name                                                                                                 | Page 66                                | Column A  Debtor 1 |                                       | Column B Debtor 2 or non-filing sp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ouse                               |                                                                                                                |
| Do no                              | nployment compensa<br>ot enter the amount if you<br>of Security Act. Instead,                              | u contend that                                   |                                | ceived was a benefit unde                                                                                     | er the                                 | \$0.00             |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                |
| For yo                             | •                                                                                                          |                                                  |                                | \$0.00<br>\$0.00                                                                                              |                                        |                    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                |
|                                    | on or retirement inco                                                                                      |                                                  | clude any amo                  | unt received that was a                                                                                       |                                        | \$0.00             |                                       | ····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                                                                                                                |
| 10. <b>Inco</b><br>Do no<br>receiv | me from all other sou<br>tinclude any benefits re<br>red as a victim of a war<br>stic terrorism. If necess | rces not list<br>eceived under<br>crime, a crime | the Social Sec<br>against huma | ecify the source and amou<br>curity Act or payments<br>unity, or international or<br>eparate page and put the |                                        |                    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                |
| Other                              | Government Assistance                                                                                      | е                                                | _                              |                                                                                                               |                                        | \$274.00           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                |
| Total a                            | amounts from separate                                                                                      | pages, if any.                                   |                                |                                                                                                               | г                                      | +\$0.00            | 1 г                                   | +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <del></del>                        |                                                                                                                |
|                                    | culate your total curre<br>umn. Then add the total                                                         | -                                                |                                | nes 2 through 10 for eacl<br>Column B.                                                                        | n                                      | \$1,892.50         | +                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    | \$1,892.50<br>Total current                                                                                    |
|                                    |                                                                                                            |                                                  |                                |                                                                                                               |                                        |                    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    | monthly income                                                                                                 |
|                                    | Determine Wheth                                                                                            |                                                  |                                |                                                                                                               |                                        |                    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                |
|                                    | ulate your current mo<br>Copy your total current n                                                         | _                                                |                                | Follow these steps:                                                                                           |                                        |                    | Copy line                             | e 11 here →                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    | \$1,892.50                                                                                                     |
|                                    | Multiply by 12 (the num                                                                                    | •                                                |                                |                                                                                                               |                                        |                    | Сору ште                              | : IT HOIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>L_</u>                          | X 12                                                                                                           |
|                                    | The result is your annua                                                                                   |                                                  |                                | orm.                                                                                                          |                                        |                    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12b.                               | \$22,710.00                                                                                                    |
|                                    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                                                    |                                                  |                                |                                                                                                               |                                        |                    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ļ                                  |                                                                                                                |
| 13 <b>Calc</b> u                   | late the median famil                                                                                      | y income tha                                     | t applies to y                 | ou. Follow these steps:                                                                                       | ez s sakurulu Miğ                      |                    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                |
| Fill in                            | the state in which you li                                                                                  | ve.                                              | one with the second            | Illinois  ***********************************                                                                 | ************************************** |                    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                |
| Fill in t                          | the number of people in                                                                                    | your househo                                     | old.                           | <b>3</b>                                                                                                      |                                        |                    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                |
| Fill in t                          | the median family incon                                                                                    | ne for your sta                                  | ite and size of l              | household.                                                                                                    |                                        |                    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 13.                                | \$72,343.00                                                                                                    |
|                                    |                                                                                                            |                                                  |                                | line using the link specifi<br>the bankruptcy clerk's of                                                      |                                        | ate                |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                |
| 14. <b>How</b>                     | do the lines compare                                                                                       | ?                                                |                                |                                                                                                               |                                        |                    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                |
| 14a.                               | Line 12b is less than<br>Go to Part 3.                                                                     | n or equal to lin                                | ne 13. On the t                | op of page 1, check box                                                                                       | 1, There is no p                       | resumption of abo  | use.                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                |
| 14b.                               | Line 12b is more that<br>Go to Part 3 and fill                                                             |                                                  |                                | 1, check box 2, The pres                                                                                      | sumption of abu                        | se is determined   | by Form 1                             | 22A-2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                                                                                                |
| Part 3:                            | Sign Below                                                                                                 |                                                  |                                |                                                                                                               |                                        |                    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                |
| By si                              | gning here, I declare un                                                                                   | nder penalty of                                  | f perjury that th              | e information on this state                                                                                   | ement and in ar                        | ny attachments is  | true and o                            | correct.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                                                                                                |
|                                    | Is/ Tilmeka Robbins Signature of Debtor 1                                                                  | D.R                                              | oll-                           |                                                                                                               | <b>★</b> Signature                     | of Debtor 2        | <del></del>                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                |
|                                    | Date <u>2/5/2016</u><br>MM/DD/YYYY                                                                         |                                                  |                                |                                                                                                               | Date MN                                | M/DD/YYYY          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                |
|                                    | ou checked line 14a, do                                                                                    |                                                  |                                |                                                                                                               |                                        |                    | ESSANO FOR SON AND THE SON OF THE SON | and the state of t | re day yanga - an ondo anto a ondo | enska kongonija daga i 1. km² se sekila da best o sek se sekila da best o sekila sekila sekila sekila sekila s |